

# Eliminating Childhood Lead Poisoning in New Hampshire



New Hampshire Department of Health and Human Services  
Division of Public Health Services  
Childhood Lead Poisoning Prevention Program

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## **Introduction**

Childhood lead poisoning continues to be a major, preventable environmental health problem for the children of New Hampshire. Despite significant progress toward the elimination of elevated blood lead levels (EBLL), children, who are most vulnerable continue to be exposed to this toxic metal at an unacceptable rate.

The New Hampshire Childhood Lead Poisoning Prevention Program (CLPPP) and the Childhood Lead Poisoning Prevention Advisory Committee are committed to eliminating childhood lead poisoning in New Hampshire.

### **Elimination Defined**

For New Hampshire, elimination of childhood lead poisoning is defined as follows: “no child less than six years of age will have a blood lead level  $\geq 10$   $\mu\text{g}/\text{dL}$  by the year 2010”. This goal is more aggressive than the Healthy New Hampshire 2010 objective to reduce by half the number of tested children under age six who have blood lead levels  $\geq 10$   $\mu\text{g}/\text{dL}$ . The NH baseline in 1999 was 820 of 14,610 tested children under six had a blood lead level of  $\geq 10$   $\mu\text{g}/\text{dL}$ .

### **Mission Statement for Elimination**

The Childhood Lead Poisoning Prevention Advisory Committee (Advisory Committee), which represents stakeholders throughout the State of New Hampshire, is dedicated to eliminating elevated blood lead levels  $\geq 10$   $\mu\text{g}/\text{dL}$  in children under six years of age in New Hampshire through building community capacity to increase lead-safe housing.

This strategic plan describes the scope of the problem, outlines the working history of the CLPPP and critical partners, and sets the course for an increase in the number of healthy homes available to the families with young children living in New Hampshire. This plan was developed with extensive input from the Childhood Lead Poisoning Prevention Advisory Committee and local partners from the highest risk communities in the State. Thank you to all who have helped to develop this plan and who are working toward the elimination of childhood lead poisoning in New Hampshire. It is through *your* commitment to increasing lead-safe housing that childhood lead poisoning will be eliminated in New Hampshire. Addressing the older, deteriorating housing stock that poses a risk

to young children is the key element in eliminating this entirely preventable disease.

## **An Overview of the New Hampshire Childhood Lead Poisoning Prevention Program**

New Hampshire has been working to prevent childhood lead poisoning since 1984. The Childhood Lead Poisoning Prevention Program was originally founded with a grant from the New England Consortium of Childhood Lead Poisoning Programs. Case management of children with elevated blood lead levels and screening projects were the central focus of the small staff dedicated to working on childhood lead poisoning prevention. In 1992, New Hampshire received a grant from the Centers for Disease Control and Prevention to develop a comprehensive lead poisoning prevention program. The CLPPP is a program within the Maternal and Child Health Section (MCH), Division of Public Health Services (DPHS), New Hampshire Department of Health and Human Services.


The CLPPP works to reduce the number of NH children with elevated blood lead levels. The program is a resource for NH residents who need help addressing the hazards of lead in their children's environment. The CLPPP conducts


statewide surveillance, provides medical case management and home inspections for children with elevated blood lead levels, and provides information and referrals for lead hazard reduction. The CLPPP provides free phone consultation and referral to lead screening providers, as well as free lead poisoning prevention information kits.


For those who plan to do renovations in homes built prior to 1978, the CLPPP offers information on using lead safe work practices and a current listing of licensed lead professionals and lead safe renovators. For property owners and contractors, the program provides guidance on federal disclosure regulations and licenses all New Hampshire lead contractors, lead paint inspectors and training providers for lead hazard reduction.


## **Purpose Statements**


The CLPPP and its Advisory Committee see the following as guiding principles:


 To raise community awareness of lead poisoning as a serious, yet preventable, environmental health risk to the children of New Hampshire.


 To educate families, property owners, renovators, and others about lead-safe maintenance and renovation methods in housing built prior to 1978.


 To provide technical assistance in maintaining lead-safe housing and increase the availability of lead-safe housing.


 To increase and maintain partnerships with agencies, individuals and the local lead action committees to work toward the elimination of childhood lead poisoning in New Hampshire.

 To maintain the integrity of surveillance data to effectively direct childhood lead poisoning elimination activities.


 To increase blood lead screening in high-risk populations.

 To provide medical case management to families with children with elevated blood lead levels to help ensure appropriate care and follow up.

 To provide environmental investigations for children with elevated blood lead levels.

 To provide oversight and accountability for compliance with New Hampshire Statute for Lead Paint Poisoning Prevention and Control (RSA 130-A). To support

additional legislative initiatives that have proven to be effective.

 To increase resources for the elimination of childhood lead poisoning in New Hampshire.

## **Defining the Problem**

Children under the age of six are most vulnerable to the effects of lead exposure. Lead poisoning in young children may result in developmental delays, attention deficits, hyperactivity, slower growth and other serious and persistent health effects.

The results of the latest national health survey by the U.S. Centers for Disease Control and Prevention show the prevalence of lead poisoning in children aged 1 to 5 decreased by half between 1994 and 2000 (CDC, 2004). Although this demonstrates that prevention efforts are effective, childhood lead poisoning continues to be a significant environmental health threat to the children of New Hampshire.

Children most at risk for elevated blood lead levels include:

- children enrolled in Medicaid
- children enrolled in WIC
- children enrolled in Head Start
- children living in housing built prior to 1950

- children living in or spending time in housing built prior to 1978 where recent renovations have occurred (during the past six months)

With almost 30 percent of all the housing units statewide built before 1950 (2000 Census), when the use of lead paint was at its greatest, a significant number of children remain at risk as a result of being exposed to deteriorating lead paint and lead dust. In the highest risk areas of the State, the proportion of housing built before 1950 ranges from 45 to 70 percent. Many of the older housing units in these high-risk areas are deteriorating and pose a threat to young children from lead exposure hazards.

In New Hampshire, more than 90% of all children identified with blood lead levels of 20 µg/dL or greater live in or regularly visit homes built before 1950. Also, almost 1 of every 3 (32%) New Hampshire children with a BLL of 20 µg/dL or greater lived in or regularly visited a home that had undergone recent renovations (within the last 6 months). These homes are both rental properties and privately owned homes.

### **Screening and elevation rates**

The CLPPP encourages health care providers to adhere to the recommendations

for screening in the *New Hampshire Childhood Lead Poisoning Screening and Management Guidelines*. The recommendations follow the guidance from the Centers for Disease Control and Prevention that recommend blood lead testing for children at both one year of age and two years of age (Centers for Disease Control and Prevention define the age ranges from 6-17 months and 18-29 months, respectively). In 2002, one-year-olds were screened at a rate of 55.7%. Two-year-olds were screened at a rate of 27.3%. Screening for one-year-olds has declined slightly over the past few years. Meanwhile, screening for two-year-olds has increased slightly.

From 1999 to 2002 the rate of elevated blood lead levels in children younger than six years of age decreased from 4.5% to 3.6%, while there was no significant difference in the number of children tested. See Appendix A. As the rate of elevated blood lead levels in young children continues to decline, targeting those children most at risk for exposure to lead hazards in older housing become even more critical.

State and Federal Medicaid regulations require screening of children enrolled in Medicaid at 12 and 24 months of age. The CLPPP has matched records from

## *Eliminating Childhood Lead Poisoning in New Hampshire*

the childhood lead screening surveillance database with data provided by New Hampshire's Medicaid program and found that screening rates of children enrolled in Medicaid are low. In 2002, one-year-old children enrolled in Medicaid were screened at a rate of 59.8% (compared to all other one-year-old children at a rate of 51.1%). Two-year-old children enrolled in Medicaid were screened at a rate of 36.4% (compared to all other two-year-old children at a rate of 22.7%). Prior to 2002, a child enrolled in Medicaid was less likely to be screened at 12 months than a child not enrolled in Medicaid (1997-2001).

The NH Division of Public Health Services requires all community agencies funded by the state for primary care and child health services to adhere to the state and federal Medicaid requirements for blood lead testing. Agency performance measures require screening rates be reported to DPHS annually. If an agency is not testing children at an acceptable rate, it must include a plan to improve its blood lead testing during the next year. The CLPPP provides technical assistance to these agencies to improve testing rates, when necessary.

The table below shows that much progress has been made since 1997 in

reducing elevated blood lead levels among children enrolled in Medicaid. However, children enrolled in Medicaid still have elevated blood lead levels at over twice the rate of children not enrolled in Medicaid.

Percent of children aged less than 6 with BLLs  $\geq 10$   $\mu\text{g/dL}$  among Medicaid enrollees and non-Medicaid enrollees  
New Hampshire, 1997-2001

Year	Medicaid enrollees		Non-Medicaid Enrollees	
	Number	Pct	Number	Pct
	Age <6	Age <6	Age <6	Age <6
1997	366	8.30%	330	2.70%
1998	278	7.10%	298	2.70%
1999	333	8.80%	271	2.60%
2000	257	6.70%	237	2.50%
2001	208	5.40%	206	2.20%

The CLPPP has also matched WIC data to lead surveillance data. The chart below details the screening rates for children enrolled in WIC for 2002.

Blood Lead Screening Rates	2002
Among WIC Enrollees - New Hampshire	
1 Year Old	33.5%
2 Year Old	34.0%

In an effort to increase the rates of screening for children enrolled in WIC, the CLPPP and the WIC program have been collaborating to send screening reminder postcards to families of children enrolled in WIC at the time of the child's first and second birthday.

As a pilot project, the CLPPP is working with Head Start centers to increase screening rates and share blood lead test

results on children enrolled in the programs (with parental permission). If successful in Sullivan and Cheshire Counties, this project will be expanded to other high-risk areas. For more information on high-risk areas, see page 14 of this document.

For additional information on blood lead screening recommendations and protocols, please see the *New Hampshire Childhood Lead Poisoning Prevention Screening and Management Guidelines*. A copy can be obtained by contacting the CLPPP at 800-897-LEAD.

### **Estimates of Total Elevations**

The following estimates of children in New Hampshire with elevated blood lead levels will be used to help measure the change in the number of children at risk for lead poisoning. Using these estimates as an indicator of risk, the CLPPP (with the assistance of Health Statistics and Data Management (HSDM), within the DPHS) will be able to track changes over time.

HSDM used lead testing data from 2002 to estimate the total number of children with elevated blood lead levels ( $\geq 10 \mu\text{g/dL}$ ) by age group. See Appendix B. It was not possible to use a regression analysis for the estimates due to the lack of

universal testing data. For each high-risk town, the percent of children with elevated blood lead levels was applied to the total population of children in each age group for each town. This assumes that the rate of elevation would be the same for the total population in a high-risk town as the elevation rate of those children who were tested. An overestimation of elevation may come into play here because of targeting screening for those most at risk.

The absolute lowest number of children with elevated blood lead levels in each age group is the actual number of children elevated (based on 2002 data). The estimated number is the absolute highest possible number of children with elevated blood lead levels in each age group. It is important to discuss ranges of elevations for each age group because of the selection bias due to targeting testing.

Listed below are the ranges of elevated blood lead levels by age group.

Age	Elevated (2002)	Estimated Number of Children with EBLs
1 Year	223	422
2 Years	167	658
3-5 Years	110	2,167
Total	500	3,248

The selection bias is evident in the 3-5 year age group. The estimate is likely inflated because of the follow up testing that



occurs when a child has a chronic elevation. See Appendix B for more detail on estimated elevations of children living in the high-risk communities.

### **Working toward the Elimination of Childhood Lead Poisoning in New Hampshire**

#### **New Hampshire's Lead Paint Poisoning Prevention and Control Act (RSA 130-A)**

In an effort to control childhood lead poisoning in New Hampshire, the state legislature adopted the Lead Paint Poisoning Prevention and Control Act (RSA 130-A) in 1993. It was most recently revised in 2003.

RSA 130-A requires that any laboratory performing blood lead analysis on New Hampshire residents report the test results to the CLPPP. This reporting requirement has been in effect since July 1994.

RSA 130-A requires that the CLPPP investigate all cases of lead poisoning in children under the age of six whose venous blood lead level is  $\geq 20$   $\mu\text{g/dL}$ . The CLPPP also investigates cases in which children under the age of six have two consecutive venous blood lead levels between 15 and 19  $\mu\text{g/dL}$ , separated by at least 90 days. A

limitation of RSA 130-A is that environmental inspections are conducted only after a child has been identified with an elevated blood lead level  $\geq 20$   $\mu\text{g/dL}$  (or a persistent 15 – 19  $\mu\text{g/dL}$ ).

The investigation includes a risk assessment questionnaire and may include an inspection of the child's home, childcare facility and/or other homes where the child spends a frequent amount of time. The purpose of the inspection is to identify potential sources of the child's lead exposure. When lead exposure hazards are found, the CLPPP may issue an Order of Lead Hazard Reduction (Order) to the owner of a rental property, describing in detail the exact steps the property owner should take to come into compliance with the Order. Privately owned homes are exempt from required intervention. Non-rental properties are issued recommendations and are not required to act on the recommendations.

The CLPPP provides written notification to owners of rental units whenever a resident child, 6 years of age or less, has a confirmed blood lead level between 10 and 19.9  $\mu\text{g/dL}$  of blood. The intent of this is to provide property owners with information and guidance so that lead

hazards in rental units can be safely addressed. They are also informed that it is unlawful to evict tenants based on a child's elevated blood lead level.

RSA 130-A requires that all lead inspectors and abatement professionals be certified or licensed. The CLPPP licenses Lead Risk Assessors, Lead Inspectors, and Lead Abatement Contractors. The CLPPP certifies Lead Training Providers, Lead Dust Clearance Testing Technicians, Lead Workers and Supervisors. The CLPPP also provides identification cards for participants who completed the HUD-approved lead safe renovator training.

### **Childhood Lead Poisoning Prevention Program Components**

The CLPPP is a multidisciplinary professional team that includes a program manager, environmental lead specialists, nurse case managers, health promotion advisors, and surveillance and support staff. The CLPPP team members work both independently and collaboratively to accomplish program goals.

**Education** - The educational component of the program is to enhance primary and secondary prevention of childhood lead poisoning in New Hampshire. The CLPPP works toward building community capacity

for critical partners to increase awareness and knowledge of childhood lead poisoning in their communities and to facilitate the adoption of preventive behaviors. In addition to providing resources and support, the program also develops and implements public education campaigns targeted to prevent lead-based paint exposure and to increase the availability of lead-safe housing in the State.

The CLPPP provides technical assistance and formal training in the recognition of lead hazards, lead safe renovation methods and maintenance to renovators and remodelers, building officials, property owners, property management and maintenance staff, and real estate professionals. The lead safe renovation course offered by the CLPPP is approved by the U.S. Department of Housing and Urban Development (HUD). Identification cards and certificates of completion are provided to course participants.

**Case Management** - Providing case management helps to ensure that any child with an elevated blood lead screening or confirmatory test result receives appropriate, comprehensive, and coordinated medical and environmental follow-up, resulting in a decreased blood lead level. Case

management activities begin when the CLPPP receives a report of a child less than 72 months of age with a blood lead level of 10 µg/dL or greater. The nurse case manager contacts the child's health care provider to advise that venous confirmatory testing (diagnostic testing) be done within the recommended time frame. A case file is opened for a child and case management is initiated when that child has a confirmed blood lead level of 10 µg/dL or greater. The case manager ensures that health care providers are aware of the recommended medical protocols and of the availability of the CLPPP's Medical Consultants for consultation on the medical management of cases. Counseling of parents on ways to reduce risk is provided by telephone, and, in the City of Manchester and Nashua, by home visit. Educational materials are also provided to parents of all children identified with a venous blood lead level of 10 µg/dL or greater.

The nurse case manager also ensures that referral for environmental investigation occurs when appropriate and usually accompanies the environmental lead specialist to home visits to further assess family needs. The case manager refers families to appropriate community health

and social service resources based on findings of the assessment.

The Medical Consultants are practicing physicians with experience in treating children with elevated blood lead levels. The Consultants are available for advice to the CLPPP and to health care providers about treatment options for children with elevated blood lead levels. The Consultants were instrumental in the development and subsequent revisions of the *New Hampshire Childhood Lead Poisoning Screening and Management Guidelines*. They are essential to assure timely and evidence-based treatment of the most highly lead poisoned children in New Hampshire.

**Environmental Investigations** - The CLPPP's environmental lead specialists perform environmental investigations throughout the State. The trigger for an investigation is a child less than 72 months of age with a venous confirmation of a blood lead level of 20 µg/dL or greater (or with a persistent 15 to 19 µg/dL). Investigations are conducted to determine what lead exposure hazards exist in the child's environment and to initiate action to eliminate those sources of exposure.

In cases where a child less than 72 months of age with a venous confirmation of

a blood lead level of 20 µg/dL or greater is living in rental housing and lead exposure hazards are identified in the home, the CLPPP is authorized under New Hampshire RSA 130-A to issue an Order. The Order requires a property owner to take action to make a property lead safe.

While the environmental investigations conducted by the CLPPP are initially in response to a child that has been poisoned, the inspection and subsequent Order of Lead Hazard Reduction in the case of rental property can be considered a primary prevention measure. Making the property lead safe will allow future tenants to live in safer housing.

**Licensing and Certification** - The CLPPP sets standards for licensure and certification of those professionals who carry out lead abatement and inspection activities in residential dwellings and licensed child care facilities. The CLPPP also sets the procedures and requirements for the accreditation of training providers. These standards are intended to ensure a qualified and properly trained work force to assist in the prevention, detection, and elimination of hazards associated with lead-based paint.

**Surveillance** - Since July 1, 1994, New Hampshire has had a mandatory reporting requirement for all laboratories to report the results of all blood lead tests (elevated and non-elevated) performed on residents. Since 1995 testing labs used by our in-state providers have been reporting nearly all tests performed on New Hampshire children. Laboratories report nearly all tests electronically. This database enables the program to provide descriptive data about screening practices in the State.

New Hampshire CLPPP contributes data to Center for Disease Control and Prevention's (CDC) national surveillance database. This effort assists the CDC in presenting a national picture on the progress toward the elimination of the childhood lead poisoning problem.

The main purpose of collecting all blood test data, and not just elevated tests, is to allow the calculation of the rate of elevated blood leads, not just the number. When statistically valid, knowing the rate of elevated blood leads (prevalence), allows the CLPPP to better target prevention efforts.

## **Childhood Lead Poisoning Advisory Committee**

The Childhood Lead Poisoning Advisory Committee (Advisory Committee) has been essential in the development of this plan. The Advisory Committee began meeting in 1998 to develop the Screening Guidelines. An invitation to join the Advisory Committee was mailed to more than 80 individuals, groups and organizations of stakeholders statewide. Over 40 members committed to participate in a number of full-group meetings and smaller work-group meetings. The successful development of the Screening Guidelines was due to the commitment of the Advisory Committee to develop practical guidelines for health care providers in New Hampshire.

After working on the development of the Screening Guidelines, the Advisory Committee agreed to continue to meet twice a year to provide guidance on activities to increase screening among children at high risk for elevated blood lead levels and to continue monitoring and evaluating the screening of children at 12 and 24 months of age in New Hampshire.

In February 2003, the CLPPP and the Advisory Committee began shifting their focus from screening to primary prevention

and increasing community capacity for the elimination of childhood lead poisoning. With this shift in focus from the child to the house, additional critical partners were added to the make-up of the Advisory Committee. The membership had been very heavily represented by health care, social service agencies, and community based organizations. Additional members from the housing community were necessary to balance the representation of stakeholders. Advisory Committee members provided input on other potential groups to include in the membership. The CLPPP also used documents and suggestions from other state and national partners for potential representative members.

Potential new partners were personally contacted by the CLPPP to explain how they are critical partners in the process of eliminating childhood lead poisoning. After the partners agreed to work as a member of the Advisory Committee, they were mailed formal invitations that included background information on the CLPPP and program initiatives.

The membership of the Advisory Committee now ranges from health care providers to property owners, from Head Start to housing authorities. The only requirement to hold a seat on the Advisory

Committee is that the member must be representing an agency (or themselves in the case of a parent) that has the commitment and resources to work toward the elimination of childhood lead poisoning. For a full list of the current members of the Advisory Committee, see Appendix C.

There are still critical partners that have yet to become members. These potential members will be invited to join the Advisory Committee as relationships can be established with them. The personal contact from the CLPPP helps in establishing the links with individuals, agencies or groups who may not typically think of themselves as having a role in the elimination of childhood lead poisoning. Stakeholder groups that have been identified as additional critical partners include lending institutions, home insurance providers, legislators, the Community Action Programs in all high-risk areas and the New England Society of Home Inspectors. The Advisory Committee will continue to assess the make-up of the group as part of monitoring the progress New Hampshire is making toward eliminating childhood lead poisoning. Additional members can be suggested at any Advisory Committee meeting or by contacting the CLPPP directly.

This plan for eliminating childhood lead poisoning in New Hampshire is truly owned by the stakeholders who represent the citizens of New Hampshire. The Advisory Committee worked with the CLPPP to develop the mission statement, the statements of purpose and the overall goals and objectives that guide the strategies used by the CLPPP and the critical partners to eliminate childhood lead poisoning. The Advisory Committee received background information and worked in small groups to provide input on the components of the plan. The CLPPP was then able to take the information provided by the Advisory Committee members and further develop this plan.

The Advisory Committee also determined that subcommittees should be established in the high-risk areas, instead of establishing subcommittees by program component. In New Hampshire, citizens want to have input into what is happening in their communities. Local committees make it possible for community members to directly affect the health of the children in their communities. Local projects have a much better chance of success if community members are part of the development, implementation and evaluation. The benefit that comes from closely-knit communities

(whether as large as the City of Manchester or as small as the City of Berlin) is the commitment to enhance the well-being of the community. See the next section for a more detailed description of the high-risk communities.

The Advisory Committee will collaborate with the CLPPP to implement prevention strategies and monitor the progress toward the goal of eliminating childhood lead poisoning. Members of the Advisory Committee are available to the CLPPP for guidance and input around specific issues year round. Many members work closely with the CLPPP on projects and are in constant communication with the CLPPP. Advisory Members also share information about the CLPPP activities with their respective organizations through newsletters, e-mail and other forms of outreach.

### **High-Risk Areas and Local Lead Action Committees**

In October 2002, the CLPPP determined the highest risk areas of the State. Risk, by town, was determined by the percentage of housing built before 1950, the percentage of children under age six enrolled in Medicaid, the percentage of children under age six enrolled in WIC and

the percentage of one- and two-year-old children. Based on this risk formula, the five highest risk areas (made up of seven towns) are Berlin, Claremont/Newport, Franklin/Laconia, Manchester, and Nashua. See Appendix D for the map *Risk Level for Lead Poisoning By Town – 2001*.

Rates of elevated blood lead levels were not used in determining the highest risk areas in the State. However, the percent of children with elevated blood lead levels, among those screened is higher in high-risk areas than the State rate. See Appendix E for *Blood Lead Testing Among Children Living in High Risk Towns*. In 2002, the statewide rate of elevated blood lead levels was 3.6% among children screened. The rates in the high-risk towns range from 1.9% to 13.1%. The rate of elevated blood lead levels among children screened in Nashua is 1.9%. This is a misleading number.

Children living within the core of the city have a higher rate of elevated blood lead levels than the State average due to the higher percent of old housing stock concentrated in that area. Around the older core are many new homes.

To address the unique needs in the high-risk areas of the State, the Advisory Committee worked with the CLPPP to help form Local Lead Action Committees in each

of these areas. Potential members were identified and then contacted by the CLPPP or Advisory Committee members and asked to join in the process of creating specific plans to eliminate childhood lead poisoning.

Many Advisory Committee members also belong to Local Lead Action Committees. Each committee is as unique as the community it represents. For instance, the Franklin/ Laconia Local Lead Action Committee meets as two separate groups within each city due to differences in stakeholders and resources. In general, the committees are working with the CLPPP to promote educational programs, distribute materials, find additional funding resources for lead-safe housing and implement strategies to eliminate lead poisoning in those communities and throughout the State. The CLPPP provides the Local Lead Action Committees with information on their community, funding opportunities, technical assistance, materials and an opportunity to network with other communities facing similar housing problems. Contact between the CLPPP and each committee is frequent through both formal and informal means. There are critical partners on each committee who are very active in implementing programs that increase lead-

safe housing and that work toward eliminating childhood lead poisoning.

As mentioned earlier, each local committee is unique. Berlin has a strong public health network that has been focusing on safe housing issues. The Berlin Local Lead Action Committee is a subcommittee of a group that has been meeting for some time. The local health officer in the City of Berlin has volunteered to chair this committee. The group is working on safe housing codes and on establishing a certificate of occupancy process for rental properties in the City of Berlin. Like Berlin, many local jurisdictions do not have adequate safe housing codes and the ability to enforce the codes. Fortunately for the City of Berlin, many city officials, community based organizations and private and public partners are interested in addressing housing issues in Berlin. In June 2004, the Berlin Housing Forum was held. The CLPPP is working with the Local Lead Action Committee members to support the activities of the community around safe housing. See Appendix F for a list of members for the Berlin Local Lead Action Committee and additional information on the City of Berlin.

The Claremont/Newport Local Lead Action Committee has been meeting since



November 2003. The committee has begun working on distributing materials and increasing participation in lead-safety trainings, while doing some longer-range planning for the implementation of other strategies. The group is working on submitting public service announcements and editorials for placement in local newspapers. The local cable access channel has been airing lead poisoning prevention videos and publicizing the lead safe renovator trainings. One committee member, with technical assistance provided by the CLPPP, is pursuing funding for healthy homes projects. See Appendix F for a list of members of the Claremont/Newport Local Lead Action Committee and additional information on the Cities of Claremont and Newport.

A strong community public health network has existed in Franklin for eight years. The Caring Communities Network of the Twin Rivers (CCNTR) actively promotes individual and environmental health as a fundamental requirement of healthy communities, while demonstrating strong leadership and a commitment to service. A staff member of CCNTR chairs the Franklin Local Lead Action Committee. The CLPPP, Health First Family Care Center, CCNTR and The Way Home are the

core members of the group. They are focusing on a healthy homes project to provide education and hazard reduction for lead exposure risks and asthma triggers among Franklin families with children diagnosed with either asthma or an elevated blood lead level. The group is working to secure additional funding to expand this project. See Appendix F for a list of members of the Franklin Local Lead Action Committee and for additional information on the City of Franklin.

The Laconia Local Lead Action Committee is focused on raising community awareness of lead poisoning as a preventable, childhood health issue. The Public Health and Safety Network of the Lakes Region will be the lead agency for this committee. The committee is looking to the CLPPP to provide information that could be widely distributed within Laconia to begin to raise awareness in the community. See Appendix F for a list of members of the Laconia Local Lead Action Committee and more information on the City of Laconia.

The Greater Manchester Partners Against Lead Poisoning has been meeting as a local committee for several years. The committee developed a plan for lead poisoning prevention within the City entitled *Preventing Childhood Lead Poisoning in*

*Manchester, NH* (2002). The coalition has education and legislation sub-committees. The committee has developed a public health/ academic partnership between the coalition and Dartmouth Medical School. By working closely with the Center for Environmental Health Sciences at Dartmouth Medical School, the committee is working to increase participation in the City of Manchester's Lead Hazard Control Program funded by the US Department of Housing and Urban Development (HUD), researching effective lead legislation in other states, and seeking additional funding sources to implement more of the strategies in the community action plan. See Appendix F for a list of members of the Greater Manchester Partners Against Lead Poisoning and more information on the City of Manchester.

The Nashua Local Lead Action Committee began meeting in March 2003. The focus of this local group has been on training for property owners, cleaning companies, and community groups and on increasing participation in lead safe renovator training courses held in Nashua. The committee is also working on an outreach plan for contractors, renovators and do-it-yourselfers around incorporating lead safe renovation methods into their work

practices. See Appendix F for a list of members of the Nashua Local Lead Action Committee and additional information on the City of Nashua.

The Local Lead Action Committees in the high-risk areas will continue to be the leaders in bringing about stronger community capacity for eliminating childhood lead poisoning. Each community has set its individual priorities and will continue to work toward the goal of elimination with the technical assistance of the CLPPP and the Childhood Lead Poisoning Advisory Committee. Without involving the critical partners at the local level, the CLPPP would not have been able to increase the visibility of lead poisoning as a problem in these communities. It has been an educational and coalition building process that is beneficial for both the CLPPP and the community partners. Determining strategies that will work best on the local level, by the stakeholders at the local level, has the best chance of success in a state that values local autonomy.

The lessons learned and best practices from these five high-risk areas will be shared with other communities in New Hampshire that have children at increased risk for childhood lead poisoning. There are additional communities, which because of

the percentage of their older, deteriorating housing stock, have the potential for having children exposed to lead hazards in their homes. It will be the job of the CLPPP and the Advisory Committee to provide information to these other communities as New Hampshire progresses toward eliminating childhood lead poisoning. The CLPPP will work closely with the Centers for Disease Control and Prevention and other state CLPPPs to look at other best practice models for elimination of lead poisoning in rural states.

### **Lead Hazard Control and Healthy Homes Programs**

Lead Hazard Control Programs are limited to the City of Manchester, through a HUD Lead Hazard Control Grant and the Community Action Programs using Community Development Block Grant (CDBG) and HOME (rehabilitation funds for homeowners) funding. A limitation to the goal of increasing the availability of lead safe housing is that this funding for lead hazard reduction is not widely available throughout the high-risk communities.

In response to this limitation, the CLPPP is providing technical assistance to and working with critical partners who are interested in applying for lead hazard control

and healthy homes funding. The CLPPP will continue to investigate federal and foundation funding possibilities for additional lead hazard reduction in high-risk areas. Increasing the amount of funding for lead hazard reduction in older homes is essential in preventing young children from lead poisoning and in eliminating lead poisoning in New Hampshire.

New Hampshire is fortunate to have a community-based organization that incorporates lead hazard reduction into its mission of helping low income households obtain and keep safe, affordable housing. The Way Home, in Manchester, provides a Healthy Home Services program that specializes in childhood lead poisoning prevention. A licensed lead abatement contractor manages the program that includes trained and certified work crews and educators. Healthy Homes Services is very skilled in working with both property owners and tenants to have each side do its part in protecting the health of the child. Families in Manchester are referred to Healthy Home Services when a child has an elevated blood lead level between 10 and 19 µg/dL to help make the property lead-safe and prevent the blood lead level from increasing.

Healthy Home Services is willing to work in other high-risk areas in the State as funding permits. The other high-risk areas would benefit from satellite offices of this program.

## **Implementing Strategies**

To develop a comprehensive plan for the elimination of childhood lead poisoning, the Advisory Committee developed goals and objectives to address community capacity building, policy, screening, surveillance, enforcement and resources for lead safe housing. Essential to the implementation of the strategies outlined for each goal and objective are the critical partnerships with stakeholders and their commitment to implement key strategies and resources outlined in the following workplan. The critical partners who are listed later in this document in the Goals and Objectives Table are represented on the Advisory Committee and on the Local Lead Action Committees. Letters of commitment from these partners can be found in Appendix G.

The workplan (goals and objectives table) includes specific, measurable and time-phased objectives for primary prevention, secondary prevention and surveillance. All goals and objectives were

developed with input from the Advisory Committee. Directly following the goals and objective table is a logic model to be used to evaluate the success of this plan. For more details, see the annual work plan (July 2004 through June 2005) in Appendix H.

## **Primary Prevention Goal**

Prevent lead exposure in young children.
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The high-risk geographic areas have been determined based on risk data. See Appendix D for additional information. GIS mapping of local surveillance data will be used to continue to more accurately pinpoint the areas of highest risk to young children within the high-risk communities.

Statewide, the highest risk populations have been identified as those children enrolled in Medicaid, WIC, Head Start and/or living in older homes. Data from CLPPP surveillance indicate that lead-based paint in older homes is the source of more than 90% of New Hampshire lead poisoning cases. In addition, almost one in three (32%) children with a blood lead level of 20 µg/dL or greater lived in or regularly visited a home that had undergone recent renovations (within the last 6 months).

Increasing the amount of lead-safe housing in New Hampshire is an integral part of the plan for eliminating childhood lead poisoning. Strategies to build community capacity to create and maintain lead-safe homes include integrating lead-safe work practices into routine building maintenance, addressing lead hazards during renovations, and enhancing local safe housing codes. In addition, the Advisory Committee is committed to sustaining and enhancing healthy home initiatives by increasing funding for and enhancing collaboration with housing agencies. Working with the Local Lead Action Committees on all initiatives enables the community to be involved in planning, implementation and evaluation. The Local Lead Action Committees and/or their individual members are provided with technical assistance from the CLPPP when applying for funding opportunities. The CLPPP will continue to provide this assistance and research additional funding opportunities, such as private foundation funding.

The CLPPP offers a series of HUD-approved lead safe renovation courses annually, as well as courses on lead-safe maintenance methods to property owners and maintenance staff. The CLPPP is

beginning to train building officials in lead-safe maintenance and renovations. By enhancing their knowledge of lead hazards, the building officials will be better able to work with property owners to keep their properties lead safe.

Although the house is the number one contributor to lead exposure to young children in New Hampshire, monitoring other exposure sources that could increase risk to children in high-risk areas will be done in collaboration with critical partners such as the Department of Environmental Services and the New Hampshire Office of the National Environmental Trust.

Providing technical assistance and training for critical partners is an essential part of increasing the awareness and knowledge of lead poisoning prevention efforts. The CLPPP continues to use a train-the-trainer model to educate professional and paraprofessional staff in community agencies regarding prevention strategies. Technical assistance is provided on an on-going basis to community groups and the Local Lead Action Committees for outreach, education and advocacy efforts. The CLPPP also increases awareness through partnerships the distribution of materials by the Poison Information Center, Medicaid, and WIC.

A comprehensive prevention campaign that utilizes best practices in health promotion, behavior change theory and social marketing has been a goal of the CLPPP and some critical partners for many years. With funding, staff time and student assistance from the Center for Environmental Health Sciences at Dartmouth Medical School, the prevention campaign is beginning to become a reality. The campaign will be developed and piloted in the City of Manchester, with collaboration from the Manchester Health Department and the members of the Greater Manchester Partners Against Lead Poisoning. Successful campaign strategies will then be implemented in the other high-risk areas.

By collaborating with academic partners, curricula for health professional students and education students will include information about lead poisoning prevention and the effects of lead on growth and development. Public health students will also be trained to bring the information to their peers.

The CLPPP, though a partnership with the New Hampshire Department of Environmental Services, will continue to license and certify all lead professionals.

Licensure and certification help ensure an adequately trained workforce.

Orders are issued on properties when a child less than the age of six has an elevated blood lead level  $\geq 20 \mu\text{g/dL}$  and the property is a rental property. The Order is designed to describe, in detail, the exact steps the property owner should take to come into compliance with the Order. If the property is privately owned, the CLPPP may investigate with the permission of the owner, but may only issue recommendations for reducing lead exposure hazards.

The CLPPP has dedicated one Environmental Specialist on staff to concentrate on property owners who have not complied with Orders. The status of Orders is tracked using a database dedicated to environmental tracking. The NH Department of Health and Human Services legal advisors work closely with the CLPPP when property owners fail to comply with Orders. The potential consequence of non-compliance is a Notice of Administrative Fine. An increasing number of properties are coming into compliance with comprehensive tracking, issuance of advisory letters, issuance of Notices of Administrative Fines and technical assistance provided to property owners on compliance-related issues.

New Hampshire has had cases where the required disclosure of an Order on the property was not carried out and the new owner purchased the property without knowledge of the existence of an Order. To prevent a new owner from purchasing a property without being aware of the Order, the CLPPP now attaches a copy of the Order to the property deed. In the event that a property is sold without the appropriate disclosure, the existence of the Order will be discovered through a title search. The CLPPP expects that this action will increase the number of properties coming into compliance, as new owners are less apt to purchase a property without addressing the lead hazards. Therefore, young children occupying the property in the future will be living in a lead-safe environment. This strategy will be included as a Building Block in *Building Blocks for Primary Prevention*, published by the Alliance for Healthy Homes.

The CLPPP continues to provide referrals for enforcement action to federal partners. In addition, each Local Lead Action Committee will develop project proposals in the event that a property owner violates the federal disclosure law and selects funding a project as part of the settlement process. Proposals will be

written for Supplemental Environmental Projects (SEPs) from the U.S. Environmental Protection Agency and for Child Health Improvement Projects (CHIPs) from U.S. Department of Housing and Urban Development. Having the projects defined and in the form of a proposal will increase the chances that a Local Lead Action Committee could get funding from violations that occur in their area.

State policies to address childhood lead poisoning are applicable after a child is poisoned. In an effort to look at improving prevention policies, research is being conducted on initiatives that have been proven effective in other states. The research is being conducted through the Center for Environmental Health Sciences at Dartmouth Medical School, in collaboration with the Vermont College of Law.

The CLPPP will continue to provide technical support to leaders in high-risk areas to support their efforts in sustaining CDBG funds earmarked to increase the number of lead-safe housing units. The CLPPP will continue to provide assistance, feedback and information at forums and community meetings to promote safe housing as an issue for children's health.

The New Hampshire Child Advocacy Network sets a Children's

Agenda each year for priority topics in the areas of education, economic security, health, and safety and protection. Over 200 network members, who are child advocates and primary prevention proponents, work on achieving Priority Action Steps in the Children's Agenda each year. The CLPPP will work with network partners to submit a proposal to include *Eliminating Childhood Lead Poisoning in New Hampshire* on the Children's Agenda for 2006. This would bring statewide attention to this strategic plan.

### **Secondary Prevention Goal**

Increase screening for children at highest risk for lead exposure.

Outreach, technical assistance and consultation are provided to health care providers to increase their compliance with the recommendations made in the *New Hampshire Childhood Lead Poisoning Screening and Management Guidelines*. Efforts to increase screening are focused on those children most at risk for being exposed to lead paint and dust in older homes. These groups include:

- children enrolled in Medicaid
- children enrolled in WIC
- children enrolled in Head Start

- children living in housing built prior to 1950
- children living in or spending time in housing built prior to 1978 where recent renovations have occurred (during the past six months)

Both national and New Hampshire data demonstrate that as a group, children enrolled in Medicaid, WIC and Head Start are more likely to be exposed to lead hazards because of the linkage between income, housing conditions and increased risk. Health care providers are reminded of the state and federal mandates that requires all children enrolled in Medicaid (Healthy Kids Gold) to be tested at 12- and 24-months of age. Children between 36- and 72-months of age with no record of prior testing must also receive a blood lead test. The American Academy of Pediatrics endorses these requirements (APA, 1998).

Continuing to work with health care providers to increase screening rates among the highest risk populations will enable the CLPPP and critical partners to assess the progress toward elimination of childhood lead poisoning in New Hampshire.

Case management of children with elevated blood lead levels is a core function of the CLPPP. Providing timely follow-up and care coordination for children with



elevated blood lead levels are achieved through consultation with health care providers at the state and local level. In Manchester and Nashua, contracts with local agencies enable their case managers to provide services for children with elevated blood lead levels.

Case managers provide referrals to the CLPPP environmental lead specialists to help ensure timely environmental investigations in the homes of children with elevated blood lead levels. The investigations help determine the source of exposure.

The environmental investigations in a rental property, and subsequent Order of Lead Hazard Reduction, are important prevention strategies because they require the property owner to make the property lead safe and maintain it in a lead safe condition.

The New Hampshire Medicaid Program reimburses the CLPPP for nursing case management and environmental investigations provided to children enrolled in Medicaid. This reimbursement is required for the CLPPP as part the *Preventive Health Amendments of 1992*.

The Screening Guidelines were originally published in 1998 to establish screening recommendations and protocols

for New Hampshire health care providers. The Centers for Disease Control and Prevention provided guidance for developing statewide screening plans and protocols in *Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials*, November 1997. The latest revisions to the Screening Guidelines will be published and distributed in the summer of 2004.

### **Surveillance Goal**

Maintain the integrity of surveillance data.
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Since 1994 New Hampshire RSA 130-A has mandated reporting of blood lead testing data for all New Hampshire citizens. Data analysis drives decisions made for activities focused on the elimination of childhood lead poisoning. Data management is essential to maintaining the integrity of the data. The CLPPP uses data for decision-making and shares data with critical partners. Accurate and complete laboratory reporting of blood lead test results and demographics allows the CLPPP surveillance staff to ensure data integrity. Past audits of data demonstrated a high rate of accuracy and completeness.

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Currently child data and housing data are maintained on separate databases. Using the National Electronic Disease Surveillance System (NEDSS) Lead Program Area Module (PAM) will enable the CLPPP to have all child and environmental (housing) data in one database. The web-based system will make the data available in real-time to the CLPPP and to the contracted case managers.

## Goals and Objectives Table

<b>Primary Prevention Goal:</b> Prevent lead exposure in young children.		
<b>Objective 1:</b> Set priorities and develop targeting strategies for high-risk areas and populations.		
<b>Strategies</b>	<b>Critical Partners</b>	<b>Timeline</b>
1. Designate five high-risk geographic areas. Continue to refine the designation of high-risk areas by using GIS to pinpoint the areas of greatest risk.	CDC, Medicaid, WIC, Bureau of Health Statistics and Data Management	Initial selection of five high-risk areas completed
2. Collaborate with local health and housing officials to identify and target high-risk housing in the high-risk areas.	Local Lead Action Committees, Regional Public Health Networks, NH Building Officials Association	July 2006
3. Identify high-risk populations statewide.	Medicaid, WIC, Head Start	Completed
<b>Evaluation Plan:</b> High-risk community designations completed. GIS maps developed and accessible to the communities. High-risk populations and housing units identified.		
<b>Objective 2:</b> Build community capacity to increase lead-safe housing.		
<b>Strategies</b>	<b>Critical Partners</b>	<b>Timeline</b>
1. Create and maintain Local Lead Action Committees in high-risk areas.	Stakeholders in high-risk areas, Regional Public Health Networks	March 2004
2. Integrate lead-safe practices into routine building maintenance and renovation by implementing property owner trainings in each high-risk area.	NH Property Owners Association, Granite State Managers Association, Local Lead Action Committees	Five trainings annually, April to June
3. Address lead hazards during maintenance, renovations, and disposal. <ul style="list-style-type: none"> <li>a. Offer HUD-approved lead safe renovator trainings in each high-risk area. Integrate lead safety into existing programs targeted to do-it-yourselfers and professionals.</li> <li>b. Develop lead-safe training for building officials &amp; private home inspectors.</li> <li>c. Monitor other environmental lead exposure sources that could increase risk to children in high-risk areas.</li> </ul>	NH Housing Finance Authority, Local Lead Action Committees, Home Builders & Remodelers of NH, building trades schools, NH Division of Historical Resources, Community Action Programs, weatherization programs, public housing authorities  NH Building Officials Association, NE Society of Home Inspectors  NH Department of Environmental Services, National Environmental Trust, NH Fish and Game Department	Five trainings annually, January to March  July 2004  On-going

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4. Enhance local safe housing standards by providing model codes for adoption by local jurisdictions.	Local Health Officers, NH Building Officials Association, Local Lead Action Committees, Regional Public Health Networks	February 2006, on-going distribution
5. Sustain and enhance healthy home initiatives by integrating healthy homes models, increasing funding resources, and enhancing collaboration with housing and other partners. Utilize <i>Building Blocks for Primary Prevention</i> .	HUD, EPA, The Way Home, Local Lead Action Committees, private foundations, lending institutions, state agencies, Center for Environmental Health Sciences at Dartmouth Medical School, NH Housing Finance Authority, Alliance for Healthy Homes	On-going
<b>Evaluation Plan:</b> Local Lead Action Committee member lists, meeting minutes and reports. Number of property owners trained. Number of renovator and remodelers trained. Number of home inspectors and building officials trained. Housing code developed and distributed. Number of local jurisdictions adopting more protective housing codes. Expanded healthy homes programs.		

<b>Objective 3:</b> Increase the number of community members with skills to prevent lead poisoning.		
<b>Strategies</b>	<b>Critical Partners</b>	<b>Timeline</b>
1. Train critical partners from the community to educate others in prevention strategies. Use train-the-trainer model.	The Way Home, Home Visiting NH, WIC, Head Start, Healthy Child Care NH, Minority Health Coalition, health care providers, Local Lead Action Committees	Six trainings annually
2. Provide technical assistance for community-based outreach, education and advocacy efforts (incorporating easy to read and culturally appropriate materials).	hardware stores, Medicaid, Regional Public Health Networks, NH Division of Historical Resources, Center for Environmental Health Sciences at Dartmouth Medical School	On-going
3. Establish comprehensive prevention campaigns in high-risk areas utilizing best practices in health promotion, behavior change methodology and social marketing.	Center for Environmental Health Sciences at Dartmouth Medical School, Local Lead Action Committees, CDC, NELCC	Manchester - 2005 Other high-risk areas- 2007
4. Integrate lead poisoning prevention and effects of lead on growth and development into curricula for health professions, child care providers and education students. Use train-the-trainer model.	Center for Environmental Health Sciences at Dartmouth Medical School, NH Department of Education, child care providers	2006
<b>Evaluation Plan:</b> Training, technical assistance, outreach and advocacy tracked by phone log, reports, and education logs. Prevention campaigns developed, implemented, evaluated and shared with other high-risk areas. Number of curricula including lead information. Number of trainings in prevention and implications of lead poisoning.		

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<b>Objective 4: Enforce RSA 130-A and He-P 1600 and assist with federal law compliance.</b>		
<b>Strategies</b>	<b>Critical Partners</b>	<b>Timeline</b>
1. Increase the number of properties in compliance with an Order of Lead Hazard Reduction (Order).	The Way Home, HUD, EPA, NH Property Owners Association, NH Housing Finance Authority, NH Attorney General, lending institutions	On-going
2. License and certify lead professionals.	Lead training providers, NH Department of Environmental Services	On-going
3. Assure compliance with state regulations during lead hazard reduction work.	Licensed lead professionals, Local Health Officers, NH Building Officials Association	On-going
4. Provide compliance assistance to individuals and organizations regarding the Disclosure Rule and Pre-Renovation Education Rule. Make referrals to EPA and HUD.	HUD, EPA, NH Property Owners Association, Granite State Managers Association, NH Housing Finance Authority, Local Lead Action Committees	On-going
5. Develop project proposals for Supplemental Environmental Projects (SEPs) and Child Health Improvement Projects (CHIPs) in each high-risk area.	Local Lead Action Committees	July 2005
<b>Evaluation Plan:</b> Percentage of properties in compliance with Orders. Number of lead professionals licensed and certified. Number of individuals provided with compliance assistance materials. Number of on-site compliance visits. Project proposals developed.		

<b>Objective 5: Strengthen state policies addressing childhood lead poisoning.</b>		
<b>Strategies</b>	<b>Critical Partners</b>	<b>Timeline</b>
1. Research policy initiatives that have proven effective in other states.	CDC, HUD, EPA, Center for Environmental Sciences at Dartmouth Medical School	June 2005
2. Provide findings of research to stakeholders for their consideration for potential policy action.	Local Lead Action Committees	On-going
3. Provide technical assistance to local officials in the high-risk areas to support the use of Community Development Block Grant (CDBG) funds to increase the number of lead-safe housing units.	Local Lead Action Committees, NH Housing Finance Authority, public housing authorities	On-going
4. Develop proposal to include lead poisoning prevention in the NH Child Advocacy Network's Children's Action Agenda.	NH Children's Alliance	Summer 2005
<b>Evaluation Plan:</b> Report of effective policy initiatives. Number of presentations to local officials. Childhood lead poisoning prevention on the Children's Action Agenda.		

<b>Secondary Prevention Goal:</b> Increase screening of children at highest risk for lead exposure.		
<b>Objective 1:</b> Increase adherence to the <i>NH Childhood Lead Poisoning Screening and Management Guidelines</i> .		
<b>Strategies</b>	<b>Critical Partners</b>	<b>Timeline</b>
1. Increase screening of children enrolled in Medicaid, WIC, and/or Head Start at 12- and 24-months of age (or < 72 months if not previously tested).	Medicaid, WIC, Head Start, Maternal and Child Health contract agencies, health care providers, Nashua Health Department, Manchester Health Department, Child Health Services, health professional associations	On-going
2. Increase screening of children: a. living in pre-1950 housing b. living in or spending time in pre-1978 housing with recent renovations.	see critical partners above	On-going
3. Increase health care provider awareness of federal and state mandates for screening of children enrolled in Medicaid at 12- and 24-months of age.	Maternal and Child Health, health care providers, Medicaid, health professional associations, Local Lead Action Committees	On-going
<b>Evaluation Plan:</b> Percentage of screening increased in high-risk populations. Documentation of provider outreach and change in statewide and Medicaid screening rates.		

<b>Objective 2:</b> Ensure best practices of case management are implemented.		
<b>Strategies</b>	<b>Critical Partners</b>	<b>Timeline</b>
1. Revise <i>NH Childhood Lead Poisoning Screening and Management Guidelines</i> by adopting CDC case management guidelines. Endorsement by professional associations in NH.	CDC, Maternal and Child Health contract agencies, Manchester Health Department, Nashua Health Department, Child Health Services, health care provider associations	Summer 2004
2. Provide timely testing, clinical follow-up and care coordination for children with elevated blood lead levels.	Manchester Health Department, Nashua Health Department, Child Health Services, health care providers	On-going
3. Provide timely environmental investigations to identify lead exposure hazards within dwellings where children with elevated blood lead levels reside.	Manchester Health Department, Nashua Health Department, Child Health Services, health care providers, The Way Home	On-going
4. Continue to receive reimbursement for case management services for Medicaid-enrolled children.	Medicaid	Quarterly
<b>Evaluation Plan:</b> NH Screening Guidelines revised and distributed. Percentage of timely confirmatory and follow-up testing. Timeliness of environmental investigations and identification of source of lead exposure. Amount of quarterly reimbursement from Medicaid for case management services.		

<b>Surveillance Goal:</b> Maintain the integrity of surveillance data.		
<b>Objective 1:</b> Improve blood lead surveillance data management to more effectively direct childhood lead poisoning elimination activities.		
<b>Strategies</b>	<b>Critical Partners</b>	<b>Timeline</b>
1. Improve data management by incorporating surveillance and case management software.	CDC	On-going
2. Improve laboratory reporting of blood lead test results and demographic data.	Laboratories, health care providers	On-going
3. Share surveillance data with agencies serving high-risk children.	WIC, Medicaid, Head Start, Maternal and Child Health contract agencies, Manchester Health Department, Nashua Health Department, Child Health Services	At least annually for all critical partner groups, ad hoc reporting as requested
4. Continue to include lead surveillance data in Annual NH Kids Count Report.	state agencies	Annually
<b>Evaluation Plan:</b> Monitor data for accuracy and completeness. Increased completeness of data initially reported by laboratories. Surveillance reports distributed.		

## Evaluation Plan for Eliminating Childhood Lead Poisoning in New Hampshire

Resources	Activities	Outputs Short	Outcomes	Impact
In order to accomplish the activities, the following are needed:	To address the problem, the following will be accomplished:	The activities will produce the following evidence:	The activities will lead to the following changes in 1-3 years:	The activities will lead to the following changes in 4-6 years:
<ul style="list-style-type: none"> <li>• Qualified staff</li> <li>• Funding</li> <li>• Childhood Lead Poisoning Advisory Committee</li> <li>• Local Lead Action Committees (LLAC)</li> <li>• NH State agencies' support</li> <li>• Public housing authorities' support</li> <li>• Legislative support</li> <li>• Federal partners</li> <li>• Contracts with local agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Designate high-risk populations, geographic areas and housing</li> <li>• Maintain LLACs</li> <li>• Provide training &amp; technical assistance</li> <li>• Develop housing codes</li> <li>• Increase healthy homes initiatives</li> <li>• Increase compliance activities</li> <li>• License &amp; certify lead professionals</li> <li>• Research effective public policies</li> <li>• Develop proposal for Children's Agenda</li> <li>• Promote adherence to NH Screening Guidelines</li> <li>• Match WIC &amp; Medicaid data</li> <li>• Monitor &amp; evaluate data</li> </ul>	<ul style="list-style-type: none"> <li>• High-risk populations, geographic areas and housing identified</li> <li>• LLAC activities</li> <li>• Number of trainings and participants</li> <li>• Safer housing codes</li> <li>• Increased healthy homes programs</li> <li>• Prevention campaign</li> <li>• Increased percentage of properties in compliance with Orders</li> <li>• Number of licensed &amp; certified lead professionals</li> <li>• Report legislative initiatives</li> <li>• Increased screening</li> <li>• Timely confirmatory and follow-up testing and timely environmental investigations</li> <li>• Medicaid reimbursement</li> <li>• Complete data</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of lead-safe homes</li> <li>• Lead safe renovation &amp; maintenance methods are standard practice</li> <li>• Decreased incidence &amp; prevalence of EBLLs</li> <li>• Local jurisdictions adopt protective housing codes</li> <li>• Effective &amp; empowered critical partners</li> <li>• Protective legislation</li> <li>• Increase in knowledge, attitudes &amp; behaviors</li> <li>• Accurate data focusing prevention activities</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood lead poisoning (&gt;10 ug/dL) eliminated in children under six years of age in New Hampshire</li> </ul>



## **Evaluation Narrative**

The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/ processes and the theoretical assumptions/principles of the program. In general, logic modeling can greatly enhance the participatory role and usefulness of evaluation as a management and learning tool. Developing and using logic models is an important step in building community capacity and strengthening community voice. The ability to identify outcomes and anticipate ways to measure them provides all program participants with a clear map of the road ahead. (W.K. Kellogg Foundation, 2001)

Building community capacity plays an important role in this strategic plan. The CLPPP and the Advisory Community wish to continue to strengthen the community voice of all involved in eliminating childhood lead poisoning. For these

reasons, using the logic model to guide all critical partners on the road to elimination of childhood lead poisoning makes the most sense.

The CLPPP will monitor all activities and progress in the strategies identified in the goals and objectives section. Monitoring short- and long-term outcomes will be done by the CLPPP staff working in that program content area and/or with critical partners involved in the program content area. Each CLPPP staff member will report progress to the program manager on a quarterly basis. Data to track progress for the indicators will be available through blood lead surveillance databases, housing databases, reports from critical partners, licensing and certification databases, training logs, phone consultation logs, screening matching data reports and various other sources.

As this plan is implemented, the CLPPP expects that some strategies will need modification. New goals and objectives may be added, while others are discarded. The purpose of continually evaluating progress is to effectively and efficiently address the goal of eliminating childhood lead poisoning.

A semi-annual review will be conducted by the Advisory Committee to

determine if appropriate progress is being made. The Advisory Committee will assist the CLPPP in redirecting resource appropriately toward more effective strategies. Any effective strategies used by Local Lead Action Committees will be shared in other high-risk areas. Sharing information on successes and barriers with other stakeholder groups (e.g., health care providers, CAP agencies, property owners) will foster collaboration and facilitate the use of best practices.

An annual report on the progress toward elimination of childhood lead poisoning in New Hampshire will be provided to the Centers for Disease Control and Prevention and the Advisory Committee by September 30<sup>th</sup> of each year. The report will contain revisions to this strategic plan based on evaluation of progress and detail any necessary changes in moving forward with the plan.

## **Vision for the Future**

To be recognized as a model of excellence in promoting healthy home environments for children.

The New Hampshire Childhood Lead Poisoning Prevention Program wishes to expand its mission in the future. The

CLPPP will continue to collaborate with federal, state and local agencies working on healthy home initiatives to efficiently address multiple hazards within homes of families with young children. Every child deserves a safe and healthy home.

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**Appendix A**

**Children Screened for Lead Poisoning 1999-2002**

## Eliminating Childhood Lead Poisoning in New Hampshire

### Childhood Lead Poisoning Prevention Program Statewide Lead Screenings by Year By Age by Lead Level Range

YEAR	Age	Blood Lead Range				Grand Total	Pct Elevated (≤10 µg/dl)	Screen Rates
		<10	10-14	15-19	20+			
1999	1 Yr	7,733	188	40	40	8,001	3.3%	55.4%
	2 Yrs	3,262	153	39	22	3,476	6.2%	24.4%
	3-5 Yrs	2,646	125	26	15	2,812	5.9%	
	Over 5 Yrs	607	18	2	1	628	3.3%	
1999 Total		14,248	484	107	78	14,917	4.5%	
2000	1 Yr	7,364	146	29	25	7,564	2.6%	53.8%
	2 Yrs	3,222	138	38	14	3,412	5.6%	23.6%
	3-5 Yrs	2,595	111	18	16	2,740	5.3%	
	Over 5 Yrs	639	14	2	4	659	3.0%	
2000 Total		13,820	409	87	59	14,375	3.9%	
2001	1 Yr	7,443	147	40	17	7,647	2.7%	52.4%
	2 Yrs	3,090	148	25	23	3,286	6.0%	23.4%
	3-5 Yrs	2,509	141	26	16	2,692	6.8%	
	Over 5 Yrs	602	30	13	2	647	7.0%	
2001 Total		13,644	466	104	58	14,272	4.4%	
2002	1 Yr	7,589	176	38	23	7,826	3.0%	53.6%*
	2 Yrs	3,645	132	29	11	3,817	4.5%	27.2%
	3-5 Yrs	2,439	83	14	15	2,551	4.4%	
	Over 5 Yrs	600	7	5		612	2.0%	
2002 Total		14,273	398	86	49	14,806	3.6%	

\* Uses the number of births in 2000 as denominator - 2001 births were not available.

**Appendix B**

**Estimated Number of Children with Elevated Blood Lead Levels**

## Estimated Number of Children with Elevated Blood Lead Levels

### 2002 Lead Testing Results for New Hampshire

Category	Age Group	2002 Pop	Elevated	Not Elevated	Total Tested	Percent Elevated	Percent Tested	Estimated Number of Children with Elevated Blood Lead Levels
Berlin	1 Yr	102	4	112	116	3.4%	113.5%	4
Claremont	1 Yr	153	11	117	128	8.6%	83.7%	13
Franklin	1 Yr	123	6	66	72	8.3%	58.3%	10
Laconia	1 Yr	180	2	84	86	2.3%	47.8%	4
Manchester	1 Yr	1,464	54	949	1,003	5.4%	68.5%	79
Nashua	1 Yr	1,140	8	558	566	1.4%	49.6%	16
Other Towns	1 Yr	11,989	138	5,453	5,591	2.5%	46.6%	296
<b>Total</b>	<b>1 Yr</b>	<b>15,151</b>	<b>223</b>	<b>7,339</b>	<b>7,562</b>	<b>2.9%</b>	<b>49.9%</b>	<b>422</b>
Berlin	2 Yrs	102	5	76	81	6.2%	79.3%	6
Claremont	2 Yrs	153	5	76	81	6.2%	52.9%	9
Franklin	2 Yrs	123	7	22	29	24.1%	23.5%	30
Laconia	2 Yrs	180	5	27	32	15.6%	17.8%	28
Manchester	2 Yrs	1,464	40	582	622	6.4%	42.5%	94
Nashua	2 Yrs	1,140	3	266	269	1.1%	23.6%	13
Other Towns	2 Yrs	11,989	102	2,458	2,560	4.0%	21.4%	478
<b>Total</b>	<b>2 Yrs</b>	<b>15,151</b>	<b>167</b>	<b>3,507</b>	<b>3,674</b>	<b>4.5%</b>	<b>24.2%</b>	<b>658</b>
Berlin	3-5 Yrs	371	6	65	71	8.5%	19.2%	31
Claremont	3-5 Yrs	541	7	25	32	21.9%	5.9%	118
Franklin	3-5 Yrs	414	4	18	22	18.2%	5.3%	75
Laconia	3-5 Yrs	661	2	14	16	12.5%	2.4%	83
Manchester	3-5 Yrs	5,094	33	345	378	8.7%	7.4%	445
Nashua	3-5 Yrs	4,100	10	312	322	3.1%	7.9%	127
Other Towns	3-5 Yrs	44,054	48	1,594	1,642	2.9%	3.7%	1,288
<b>Total</b>	<b>3-5 Yrs</b>	<b>55,235</b>	<b>110</b>	<b>2,373</b>	<b>2,483</b>	<b>4.4%</b>	<b>4.5%</b>	<b>2,167</b>
<b>Grand Total</b>	<b>All Ages</b>	<b>85,536</b>	<b>500</b>	<b>13,219</b>	<b>13,719</b>	<b>3.6%</b>	<b>16.0%</b>	<b>3,248</b>

1. population estimates taken from 2002 population projections for "0 to 4" and "5 to 9" age groups based on 0.2\*0 to 4" for both 1 Yr and 2 Yrs age groups, and 0.5 \* "0 to 4" + 0.2 \* "5 to 9" for 3-5 Yrs age group.

2. Projecting rates of positive lead tests on the population of children not tested causes bias in overestimating the expected number of positive tests. Children at higher risk are more often selected for testing, such as children known to live in older housing or children with previously elevated test results. This is also the likely reason why children in the 3-5 year age groups, in the higher risk towns, have higher rates than the two younger age groups.

3. Town grouping received with data. Towns listed by name are targeted as having a higher percentage of homes constructed before 1950 and a higher risk to children of lead exposure due to lead-based paint chips and dust.

4. Note that the Total and Grand Total "Estimated Number of Children with Elevated Blood Levels" are based on summing age-specific estimates and are not based on generating estimates using Total and Grand Total numbers and percentages.

5. Note that the Percent tested in Berlin is greater than 100 percent due to families moving to and from the City.

## **Appendix C**

### **List of Childhood Lead Poisoning Advisory Committee Members**

**NH Childhood Lead Poisoning Prevention Program  
Statewide Advisory Committee Member List**

<b>Member Name</b>	<b>Affiliation</b>
Melissa McAllister	Anthem Blue Cross Blue Shield
Ralph Littlefield	Belknap/Merrimack County Community Action Program
Linda Slowik	Berlin/Gorham Health & Safety Partnership
Laura Viger	Berlin Health Department
Mary-Jo Landry	Berlin Housing Authority
Jeanne Galloway	Caring Communities Network of the Twin Rivers
Connie Thomas	CDC, Lead Poisoning Prevention Branch
Angel Miller	CMS, Division of Medicaid and Children's Health
Jack Lightfoot	Child & Family Services
Carol Kohen	Child Health Services
Robert Nordgren	Child Health Services
Elizabeth Winger	Child Health Services
Ellen Shemitz	Children's Alliance of NH
Kelly LaFlamme	Children's Alliance of NH, Child Advocacy Network
Patrice Jackson	Cigna Health Care
Joe Labontee	City of Concord, Code Enforcement
Charles Bodien	City of Franklin, Health Officer & Code Enforcement
Carrie Campbell	City of Manchester, Public Health Department
Sue Gagnon	City of Manchester, Public Health Department
Meredith Maruyama	City of Manchester, Public Health Department
Paul Etkind	City of Nahsua, Public Health Department
Heidi Peek	City of Nashua, Public Health Department
Stefan Russakow	City of Nashua, Public Health Department
Betty Wendt	City of Nashua, Public Health Department
Nancy Girard	Conservation Law Foundation
James Sargent	Dartmouth Hitchcock Medical Center
Nancy Serrell	Dartmouth Medical School - Center for Environmental Sciences
Andrew Gray	Governor's Office of Energy & Community Services
Christine Warburton	Franklin Housing Authority
Jean Learnard	Good Beginnings
Jodi Courtney	Granite State (property) Managers Association
William Straughn III	Hitchcock Clinic Manchester
Patti Allen	Home Builders and Remodelers Association of NH
Charlotte Debois	Laconia Housing and Redevelopment Authority
Brian Beals	Mountain Health Services
Jan Pendlebury	National Environmental Trust - NH Office
Michael Santa	NH Building Officials Association
Ruth Littlefield	NH Department of Education
Neil Twitchell	NH Department of Environmental Services
Kenneth Dufault	NH DHHS, Public Health Development Program
Lindsay Dearborn	NH DHHS, Asthma Control Program



*Eliminating Childhood Lead Poisoning in New Hampshire*

<b>Member Name</b>	<b>Affiliation</b>
Audrey Knight	NH DHHS, Bureau of Maternal & Child Health
Lisa Richards	NH DHHS, WIC
Louise Hannon	NH DHHS, Health Officer Liason
Betty Thompson	NH DHHS, Medicaid Administrative Services
William J. Kassler	NH DHHS, Medical Director
George Robinson	NH DHHS, Public Health Laboratories
Linda Ray Wilson	NH Division of Historical Resources
Michelle Dodge	NH EDS – Medicaid
Tricia Brooks	NH Healthy Kids
Bill Guinther	NH Housing Finance Authority
Elliot Berry	NH Legal Assistance
Bobbi Bagley	NH Minority Health Coalition
Jazmin Miranda-Smith	NH Minority Health Coalition
Linda Mattlage	NH Nurse Practitioner Association
Robert Best	NH Nurse Association
Lin Courtemanche	NH Poison Information Center
Susan Dobens	NH Property Owners Association
Joe Nelson	NH Property Owners Association
Kevin Sheehan	Parent
Paula Samson	Public Health & Safety Partnership of the Lakes Region
Jen Kozaczek	Southwestern Community Services Head Start
Lori LaBrie	Southwestern Community Services Head Start
Linda Kincaid	Southern NH Services Child Development Program
Heather MacDonald	Southern NH Services Child Development Program
Carol Delaurier	Strafford County Head Start
Emilia Belouin	The Way Home
Mary Sliney	The Way Home
Susan Linsey	Upper Valley Health Officers
Kristi Rea	US Environmental Protection Agency – New England

**Appendix D**

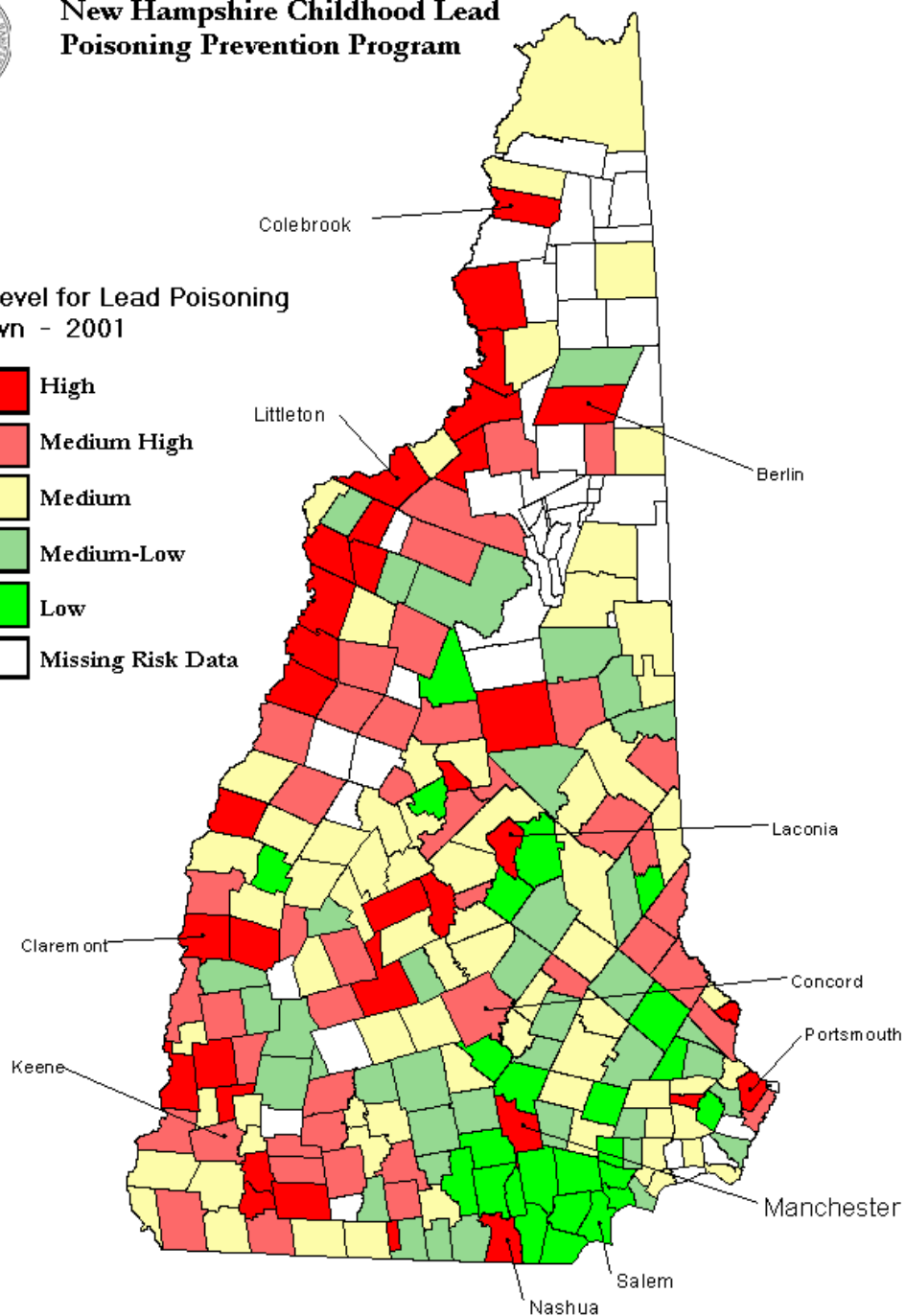
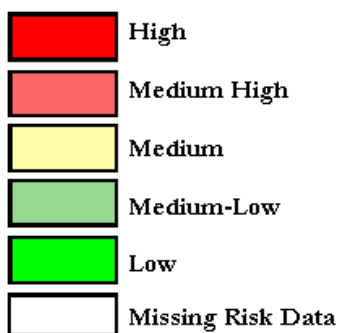
**Risk Level for Poisoning by Town, 2001 Map**

## Eliminating Childhood Lead Poisoning in New Hampshire



### New Hampshire Childhood Lead Poisoning Prevention Program

Risk Level for Lead Poisoning  
By Town - 2001



Risk is determined by a combination of (1) percentage of housing built before 1950, (2) percentage of children under 6 enrolled in Medicaid, (3) percentage of children under age 6 enrolled in WIC, and (4) percentage of one and two year old children.

Missing risk data: values for one of these four factors is missing

10/16/2002  
C. Cullinan

**Appendix E**

**Blood Lead Testing Among Children Living in High Risk Towns**

*Eliminating Childhood Lead Poisoning in New Hampshire*

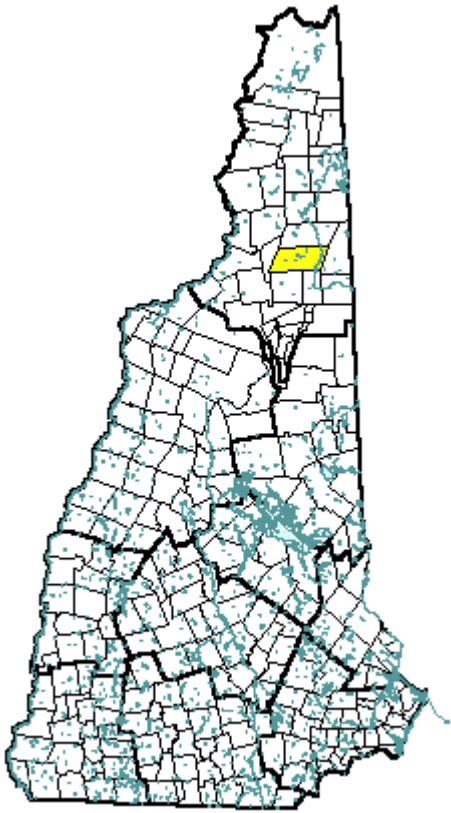
<b>Blood Lead Testing Among Children Living in High Risk Towns</b> <b>NH Children Under 6 Years of Age</b> <b>Calendar Year 2003</b>					
	Elevated	Not Elevated	Total Screened	Pct Elevated Among Children Screened	Percent Pre-50 Housing
Berlin	31	220	251	12.4%	70.2%
Claremont	15	236	251	6.0%	48.0%
Franklin	19	101	120	15.8%	47.7%
Laconia	24	105	129	18.6%	48.1%
Manchester	195	2,042	2,237	8.7%	45.4%
Nashua	31	1,237	1,268	2.4%	46.3%
Newport	7	140	147	4.8%	45.0%
All Other Towns	464	10,053	10,517	4.4%	31.4%
NH Total	786	14,134	14,920	5.3%	32.1%

**Appendix F**

**List of Local Lead Action Committee Members and Town Information**

**NH Childhood Lead Poisoning Prevention Program  
Berlin Local Lead Action Committee**

<b>Member Name</b>	<b>Affiliation</b>
Mary Jo Landry	Berlin Housing
Patty Poulin	Coos County Health Services
Randall Trull	Fire Chief
Laura Viger	Health Officer
Pam Laflamme	Planning Director
Linda Slowik	Public Health Network
Lawrence Kelly	Tri County CAP
Nancy Bangs	WIC Supervisor



# Berlin, NH

## Community Contact

City of Berlin  
Patrick MacQueen, City Manager  
168 Main Street, City Hall  
Berlin, NH 03570

Telephone  
Fax  
E-mail  
Web Site

(603) 752-7532  
(603) 752-8550  
bcm@ncia.net  
www.ci.berlin.nh.us

## Municipal Office Hours

Monday through Friday, 8:30 am - 4:30 pm

County  
Tourism Region  
Planning Commission  
Regional Development

Coos  
Great North Woods  
North Country Council  
Coos Economic Development Corp.

## Election Districts

US Congress  
Executive Council  
State Senate  
State Representative

District 2 (All Wards)  
District 1 (All Wards)  
District 1 (All Wards)  
District 3 (All Wards)

Incorporated: 1829

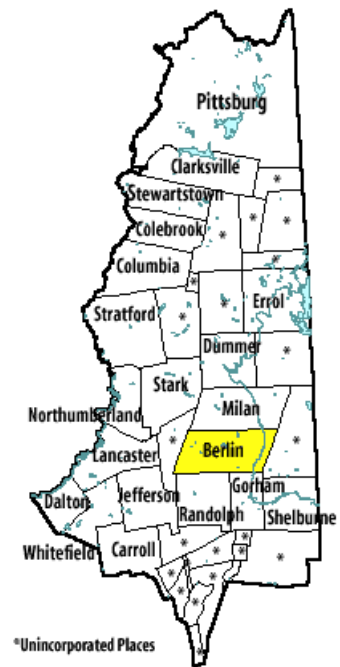
**Origin:** First granted in 1771 as Maynesborough, after Sir William Mayne, an associate of Governor John Wentworth in the West Indies trade. The area was not settled by the original grantees, and the town was renamed Berlin in 1829 by new settlers from Berlin, Massachusetts. Berlin was incorporated as a city in 1897. It is the northernmost city in the state, and includes the village of Cascade.

**Population, Year of the First Census Taken:** 73 residents in 1830

**Population Trends:** Berlin experienced more population decline than growth since 1950, and had both the largest percent and largest numeric decrease over fifty years. After growing by seven percent between 1950-1960, the population decreased by at least ten percent each decade. Berlin's 1950 population of 16,615 dropped to 10,331 residents by 2000, declining by a total of 6,284 residents. The 2003 Census estimate for Berlin was 10,122 residents, which ranked 28th among New Hampshire's incorporated cities and towns.

**Population Density, 2003:** 171.5 persons per square mile of land area. Berlin contains 61.5 square miles of land area and 0.7 square miles of inland water area.

**Villages and Place Names:** Cascade, Berlin Mills



Coos County



**MUNICIPAL SERVICES**

Type of Government	Manager & Council
2004 Annual Budget	\$28,900,000
Zoning Ordinance	1964/00
Master Plan	1992
Capital Improvement Plan	Yes
Industrial Plans Reviewed By	Planning Board

**Boards and Commissions**

Elected:	City Council; School Board
Appointed:	Planning Board; Zoning Board; Library Trustees

Public Library      **Berlin Public**

**EMERGENCY SERVICES**

Police Department	Full-time
Fire Department	Full-time
Town Fire Insurance Rating	5/9
Emergency Medical Service	Commercial

**Nearest Hospital(s):**

**Androscoggin Valley, Berlin**

Distance: **Local**      Staffed Beds: **59**

**UTILITIES**

Electric Supplier	PSNH
Natural Gas Supplier	Portland Natural Gas; KeySpan
Water Supplier	Berlin Water Works

Sanitation	Municipal
Municipal Wastewater Treatment Plant	Yes
Solid Waste Disposal	
Curbside Trash Pickup	Municipal
Pay-As-You-Throw Program	No
Recycling Program	Voluntary

Telephone Company	Verizon
Cellular Telephone Access	Yes
Cable Television Access	Yes
High Speed Internet Service:	Business      Yes
	Residential      Yes

**PROPERTY TAXES**

2003 Total Tax Rate (per \$1000)	\$44.42
2003 Equalization Ratio	70.9
2003 Full Value Tax Rate (per \$1000)	\$36.43

**2003 Percent of Property Valuation by Type**

Residential Land and Buildings	56.0%
Commercial Land and Buildings	18.3%
Other Property including Utilities	25.7%

**HOUSING**

2002 Total Housing Units	5,079
2002 Single-Family Units	2,496
Building Permits Issued	0
2002 Multi-Family Units	2,494
Building Permits Issued	-9
2002 Manufactured Housing Units	89

**DEMOGRAPHICS**

Total Population	Community	County
2003	10,122	33,019
2000	10,331	33,111
1990	11,824	34,828
1980	13,084	35,014
1970	15,256	34,189

**Census 2000 Demographics**

Population by Gender		
Male	4,922	Female      5,409

**Population by Age Group**

Under age 5	529
Age 5 to 19	1,914
Age 20 to 34	1,590
Age 35 to 54	2,965
Age 55 to 64	997
Age 65 and over	2,336
Median Age	42.5 years

**Educational Attainment, population 25 years and over**

High school graduate or higher	72.6%
Bachelor's degree or higher	6.7%

**ANNUAL INCOME, 1999**

(Census 2000)

Per capita income	\$15,780
Median 4-person family income	\$38,750
Median household income	\$29,647

**Median Earnings, full-time, year-round workers**

Male	\$33,190
Female	\$21,156

Families below the poverty level	9.1%
----------------------------------	------

**LABOR FORCE**

Annual Average	1993	2003
Civilian labor force	5,659	5,098
Employed	5,070	4,827
Unemployed	589	271
Unemployment rate	10.4%	5.3%

**EMPLOYMENT & WAGES**

1993      2003

Goods Producing Industries		
Average Employment	1,930	1,057
Average Weekly Wage	\$659	\$776

**Service Providing Industries**

Average Employment	1,961	1,949
Average Weekly Wage	\$345	\$523

**Total Private Industry**

Average Employment	3,891	3,006
Average Weekly Wage	\$501	\$612

**Government (Federal, State, and Local)**

Average Employment	939	1,295
Average Weekly Wage	\$437	\$591

**Total, Private Industry plus Government**

Average Employment	4,830	4,301
Average Weekly Wage	\$488	\$606

n = indicates that data does not meet disclosure standards

**EDUCATION AND CHILD CARE**

Schools students attend: **Berlin operates grades K-12**  
 Career Technology Center(s): **Berlin High School**

District: **SAU 3**  
 Region: **02**

Educational Facilities	Elementary	Middle/Junior High	High School	Private/Parochial
Number of Schools	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>
Grade Levels	<b>K 1-6</b>	<b>7-8</b>	<b>9-12</b>	<b>K-8</b>
Total Enrollment	<b>745</b>	<b>307</b>	<b>609</b>	<b>n/a</b>

NH Licensed Child Care Facilities, 2003: Total Facilities: **8** Total Capacity: **296**

Nearest Community/Technical College: **Berlin**

Nearest Colleges or Universities: **College for Lifelong Learning-Berlin**

LARGEST EMPLOYERS	PRODUCT/SERVICE	EMPLOYEES	ESTABLISHED
Fraser Papers	Pulp, paper	500	1852
Androscoggin Valley Hospital	Health care	336	1971
Berlin City Dealerships	Auto dealerships	205	1981
City of Berlin	Municipal services	170	1825
Isaacson Steel	Steel fabricators	147	1962
Androscoggin Valley Home Care Services	Home care	132	1975
Appalachian Mountain Club	Outing club	125	1888
Royalty Inn & Athletic Club	Inn, health club, restaurant	78	
Berlin City Bank	Banking	70	1934

**TRANSPORTATION**

Road Access	Federal Routes	<b>2</b>
	State Routes	<b>16, 110</b>
Nearest Interstate, Exit	<b>I-93, Exit 35</b>	
	Distance	<b>43 miles</b>
Railroad	<b>Canadian National/B&amp;M</b>	
Public Transportation	<b>Yes</b>	
Nearest Airport	<b>Berlin</b>	
Runway	<b>5,200 feet</b>	
Lighted? <b>Yes</b>	Navigational Aids? <b>Yes</b>	
Nearest Commercial Airport	<b>Portland, ME</b>	
Distance	<b>100 miles</b>	
Driving distance to select cities:		
Manchester, NH	<b>132 miles</b>	
Portland, Maine	<b>99 miles</b>	
Boston, Mass.	<b>171 miles</b>	
New York City, NY	<b>370 miles</b>	
Montreal, Quebec	<b>179 miles</b>	

**COMMUTING TO WORK****(Census 2000)**

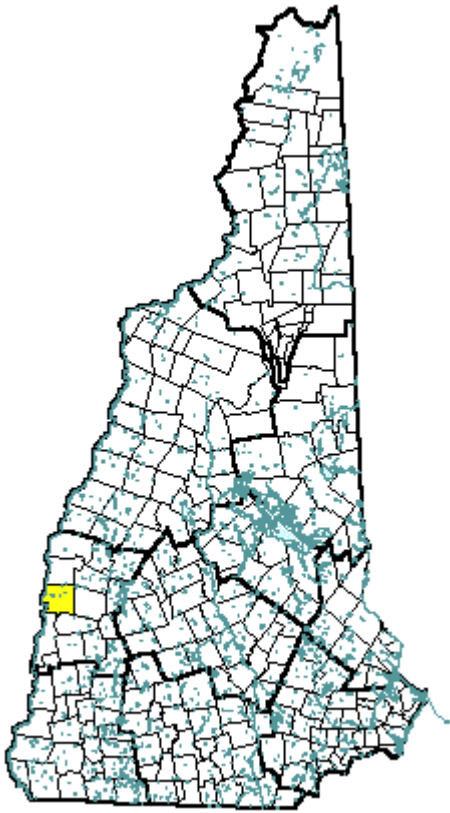
Workers 16 years and over	
Drove alone, car/truck/van%	<b>81.4%</b>
Carpooled, car/truck/van	<b>12.1%</b>
Public transportation	<b>0.4%</b>
Walked	<b>4.6%</b>
Other means	<b>0.8%</b>
Worked at home	<b>0.7%</b>
Mean Travel Time to Work	<b>15.4 minutes</b>
Percent of Working Residents:	
Working in community of residence	<b>69%</b>
Commuting to another NH community	<b>29%</b>
Commuting out-of-state	<b>2%</b>

**RECREATION, ATTRACTIONS, AND EVENTS**

X	Municipal Parks
	YMCA/YWCA
	Boys Club/Girls Club
X	Golf Courses
	Swimming: Indoor Facility
	Swimming: Outdoor Facility
	Tennis Courts: Indoor Facility
X	Tennis Courts: Outdoor Facility
X	Ice Skating Rink: Indoor Facility
X	Bowling Facilities
X	Museums
X	Cinemas
X	Performing Arts Facilities
X	Tourist Attractions
X	Youth Organizations (i.e., Scouts, 4-H)
X	Youth Sports: Baseball
X	Youth Sports: Soccer
	Youth Sports: Football
X	Youth Sports: Basketball
X	Youth Sports: Hockey
	Campgrounds
X	Fishing/Hunting
X	Boating/Marinas
X	Snowmobile Trails
	Bicycle Trails
X	Cross Country Skiing
X	Beach or Waterfront Recreation Area
	Nearest Ski Area(s): <b>Wildcat</b>
	Other: <b>Northern Forest Heritage Park; Nansen Ski Jump; Historic Churches; Moose Tours; Hiking; Canoe/Kayak; Boat Tours.</b>

**NH Childhood Lead Poisoning Prevention Program  
Claremont-Newport Local Lead Action Committee**

<b>Members Name</b>	<b>Affiliation</b>
Marie Miller	Claremont Headstart
Ellie Tsetsi	Good Beginnings
Louis Lambert	Lambert Building Supply Company
Gary Doiron	LaValley Building Supply
Lisa Cilley	Marro Home Center
Patty Miller	Marro Home Center
Jan Pendlebury	National Environmental Trust
Corrina Young	Newport Headstart
Jody Healy	Newport Headstart
Katie Lajoie	NH CLPPP
Ben Mortell	NH Legal Assistance
Jill Brooker	NH Poison Control
Jim Sullivan	Resident
Susan Linsey	Upper Valley Health Officer Coalition



# Claremont, NH

## Community Contact

Claremont Planning & Development  
Anthony Lyons  
14 North St.  
Claremont, NH 03743

Telephone  
Fax  
E-mail  
Web Site

(603) 542-7030  
(603) 542-7033  
alyons@claremontnh.com  
www.claremontnh.com

## Municipal Office Hours

Monday through Friday, 8:30 am - 5 pm

County  
Tourism Region  
Planning Commission  
Regional Development

Sullivan  
Dartmouth-Lake Sunapee  
Upper Valley/Lake Sunapee  
Western Region Development Corp.

## Election Districts

US Congress  
Executive Council  
State Senate  
State Representative

District 2 (All Wards)  
District 1 (All Wards)  
District 8 (All Wards)  
District 22 (All Wards)

Incorporated: 1764

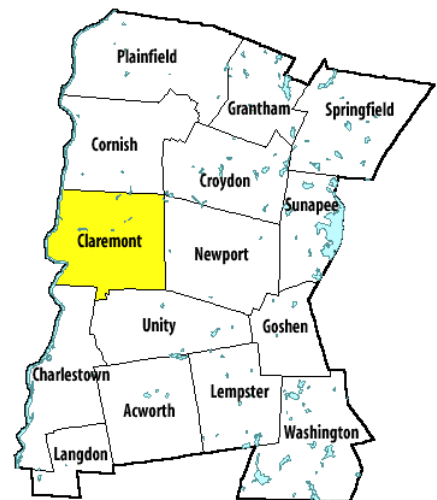
**Origin:** Named in honor of Thomas Pelham Holles, Earl of Clare and Duke of Newcastle, builder of Claremont Castle, and a cousin to Governor Benning Wentworth. The original grant was a six-mile square area bordering the Connecticut River. Claremont was incorporated as a city by popular vote in 1947. It is the home of New Hampshire's first Roman Catholic Church, built in 1823.

**Population, Year of the First Census Taken:** 88 residents in 1830

**Population Trends:** Claremont's population grew by a mere three percent over the last five decades, posting the sixth smallest fifty-year increase. The highest decennial growth was six percent between 1950-1960, and the lowest a five percent decrease between 1990-2000. Claremont's 1950 population of 12,811 increased by 340 residents, reaching 13,151 by the 2000 Census. The 2003 Census estimate for Claremont was 13,355 residents, which ranked 19th among New Hampshire's incorporated cities and towns.

**Population Density, 2003:** 305.6 persons per square mile of land area. Claremont contains 43.1 square miles of land area and 0.9 square miles of inland water area.

**Villages and Place Names:** Claremont, Claremont Junction, Puckershire, West Claremont



Sullivan County

**MUNICIPAL SERVICES**

Type of Government	Manager & Council
2003 Annual Budget	\$15,441,481
Zoning Ordinance	1952/03
Master Plan	2001
Capital Improvement Plan	Yes
Industrial Plans Reviewed By	Planning Board

**Boards and Commissions**

Elected:	City Council
Appointed:	Planning Board; Zoning Board; Library Trustees; Conservation Commission

Public Library      Fiske Free

**EMERGENCY SERVICES**

Police Department	Full-time
Fire Department	Full-time
Town Fire Insurance Rating	4/9
Emergency Medical Service	Commercial

**Nearest Hospital(s):**

**Valley Regional, Claremont**

Distance: **Local**      Staffed Beds: 28

**UTILITIES**

Electric Supplier	PSNH; NH Elec. Coop.
Natural Gas Supplier	None
Water Supplier	Claremont Water Dept.
Sanitation	Municipal
Municipal Wastewater Treatment Plant	Yes
Solid Waste Disposal	
Curbside Trash Pickup	None
Pay-As-You-Throw Program	Yes
Recycling Program	Mandatory
Telephone Company	Verizon
Cellular Telephone Access	Yes
Cable Television Access	Yes
High Speed Internet Service:	Business      Yes
Residential	Limited

**PROPERTY TAXES**

2003 Total Tax Rate (per \$1000)	\$33.84
2003 Equalization Ratio	94.2
2003 Full Value Tax Rate (per \$1000)	\$31.53
2003 Percent of Property Valuation by Type	
Residential Land and Buildings	66.5%
Commercial Land and Buildings	30.3%
Other Property including Utilities	3.2%

**HOUSING**

2002 Total Housing Units	6,067
2002 Single-Family Units	3,170
Building Permits Issued	5
2002 Multi-Family Units	2,425
Building Permits Issued	-2
2002 Manufactured Housing Units	472

**DEMOGRAPHICS**

Total Population	Community	County
2003	13,355	42,048
2000	13,151	40,458
1990	13,902	38,592
1980	14,557	33,063
1970	14,221	30,949

**Census 2000 Demographics**

Population by Gender		
Male	6,323	Female      6,828

**Population by Age Group**

Under age 5	775
Age 5 to 19	2,605
Age 20 to 34	2,406
Age 35 to 54	3,878
Age 55 to 64	1,270
Age 65 and over	2,217
Median Age	38.8 years

**Educational Attainment, population 25 years and over**

High school graduate or higher	78.7%
Bachelor's degree or higher	12.8%

**ANNUAL INCOME, 1999**

(Census 2000)

Per capita income	\$20,267
Median 4-person family income	\$42,849
Median household income	\$34,949

**Median Earnings, full-time, year-round workers**

Male	\$30,782
Female	\$22,078

Families below the poverty level      5.4%

**LABOR FORCE**

Annual Average	1993	2003
Civilian labor force	6,589	6,271
Employed	6,120	6,061
Unemployed	469	210
Unemployment rate	7.1%	3.3%

**EMPLOYMENT & WAGES**

1993      2003

Goods Producing Industries		
Average Employment	1,787	985
Average Weekly Wage	\$472	\$744

**Service Providing Industries**

Average Employment	3,558	3,621
Average Weekly Wage	\$343	\$526

**Total Private Industry**

Average Employment	5,345	4,606
Average Weekly Wage	\$386	\$573

**Government (Federal, State, and Local)**

Average Employment	701	752
Average Weekly Wage	\$484	\$632

**Total, Private Industry plus Government**

Average Employment	6,046	5,358
Average Weekly Wage	\$397	\$581

n = indicates that data does not meet disclosure standards

**EDUCATION AND CHILD CARE**

Schools students attend: **Claremont operates grades K-12** District: **SAU 6**  
 Career Technology Center(s): **Sugar River Valley Tech Center** Region: **10**

Educational Facilities	Elementary	Middle/Junior High	High School	Private/Parochial
Number of Schools	3	1	1	3
Grade Levels	P K 1-5	6-8	9-12	K-12
Total Enrollment	840	512	702	n/a

NH Licensed Child Care Facilities, 2003: Total Facilities: **13** Total Capacity: **331**

Nearest Community/Technical College: **Claremont**

Nearest Colleges or Universities: **Colby-Sawyer; Magdalen; Dartmouth**

LARGEST EMPLOYERS	PRODUCT/SERVICE	EMPLOYEES	ESTABLISHED
Valley Regional Health Care	Health care	533	1893
Claremont School District	Education	400	1867
Wal-Mart	Department store	300	1993
Customized Structures, Inc.	Prefabricated houses	125	1985
Holson Burnes Group	Photograph albums	90	1978
Crown Point Cabinetry	Custom Cabinets	90	1978
Claremont Savings Bank	Banking	84	1907
Eagle Times Newspaper	Local Newspaper	79	
Sullivan Industries, Inc.	Mining & construction equipment	73	1854
LaCrosse Footwear	Industrial boots	70	1981

**TRANSPORTATION**

Road Access	Federal Routes	
	State Routes	<b>11, 12, 103, 120</b>
Nearest Interstate, Exit		<b>I-91, Exit 8</b>
	Distance	<b>4 miles</b>
Railroad	<b>Amtrak, B &amp; M, CCRR</b>	
Public Transportation	<b>Yes</b>	
Nearest Airport	<b>Claremont</b>	
Runway	<b>3,100 feet</b>	
Lighted? <b>Yes</b>	Navigational Aids? <b>Yes</b>	
Nearest Commercial Airport	<b>Lebanon</b>	
Distance	<b>22 miles</b>	
Driving distance to select cities:		
Manchester, NH	<b>71 miles</b>	
Portland, Maine	<b>162 miles</b>	
Boston, Mass.	<b>121 miles</b>	
New York City, NY	<b>247 miles</b>	
Montreal, Quebec	<b>206 miles</b>	

**COMMUTING TO WORK**

(Census 2000)

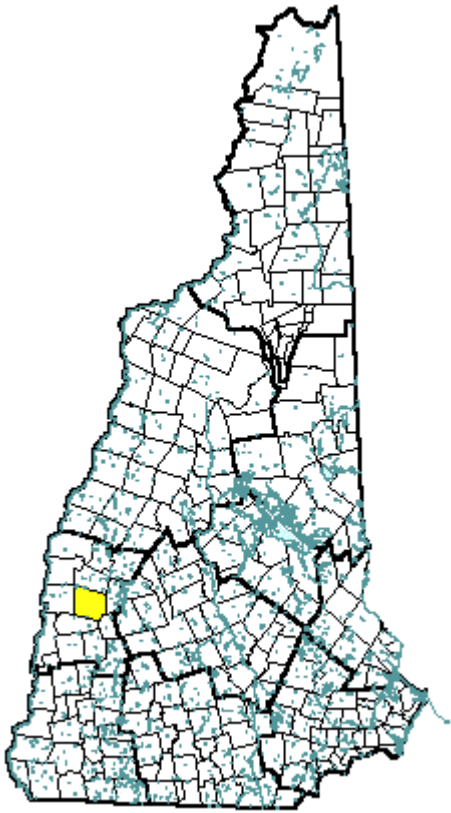
Workers 16 years and over	
Drove alone, car/truck/van%	<b>77.1%</b>
Carpooled, car/truck/van	<b>15.6%</b>
Public transportation	<b>0.9%</b>
Walked	<b>2.0%</b>
Other means	<b>0.8%</b>
Worked at home	<b>3.4%</b>
Mean Travel Time to Work	<b>19.2 minutes</b>

Percent of Working Residents:

Working in community of residence	<b>53%</b>
Commuting to another NH community	<b>37%</b>
Commuting out-of-state	<b>10%</b>

**RECREATION, ATTRACTIONS, AND EVENTS**

X	Municipal Parks
	YMCA/YWCA
	Boys Club/Girls Club
X	Golf Courses
X	Swimming: Indoor Facility
X	Swimming: Outdoor Facility
	Tennis Courts: Indoor Facility
X	Tennis Courts: Outdoor Facility
	Ice Skating Rink: Indoor Facility
X	Bowling Facilities
X	Museums
X	Cinemas
X	Performing Arts Facilities
	Tourist Attractions
X	Youth Organizations (i.e., Scouts, 4-H)
X	Youth Sports: Baseball
X	Youth Sports: Soccer
X	Youth Sports: Football
X	Youth Sports: Basketball
X	Youth Sports: Hockey
	Campgrounds
X	Fishing/Hunting
X	Boating/Marinas
X	Snowmobile Trails
X	Bicycle Trails
X	Cross Country Skiing
	Beach or Waterfront Recreation Area
	Nearest Ski Area(s): <b>Mount Ascutney &amp; Okemo (VT); Mount Sunapee, Arrowhead</b>
	Other: <b>Historic Opera House, ATV trails</b>



# Newport, NH

## Community Contact

Town of Newport Planning Department  
Julie Collins, Planning & Zoning Coordinator  
15 Sunapee Street, Municipal Building  
Newport, NH 03773

Telephone  
Fax  
E-mail  
Web Site

(603) 863-6278  
(603) 863-8008  
topaz@newportnh.net  
www.newportnh.net

## Municipal Office Hours

Monday through Friday, 8 am - 5 pm; Town Clerk: Monday through Friday 8 am - 4:30 pm

County  
Tourism Region  
Planning Commission  
Regional Development

Sullivan  
Dartmouth-Lake Sunapee  
Upper Valley/Lake Sunapee  
Western Region Development Corp.

## Election Districts

US Congress  
Executive Council  
State Senate  
State Representative

District 2  
District 1  
District 8  
District 20

Incorporated: 1761

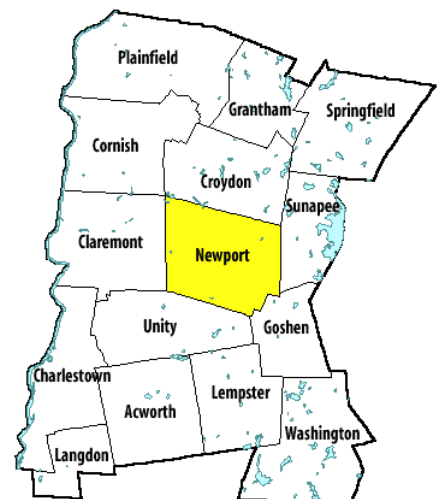
**Origin:** First settled in 1753, the town was named Grenville, after George Grenville, William Pitt's brother-in-law. In 1761, the town was incorporated as Newport, for Henry Newport, a distinguished English soldier and statesman. An early settler of the town was Gordon Buell, whose daughter, Sarah Josepha Buell Hale, was one of the first women editors in America. She edited the book "Poems for Children" that included "Mary Had A Little Lamb." She was also known for a successful appeal to President Lincoln for creation of a national holiday to be known as Thanksgiving Day. Newport is the county seat of Sullivan County, and includes the villages of Kellyville and Guild.

**Population, Year of the First Census Taken:** 780 residents in 1790

**Population Trends:** Newport's population has grown very little over the last five decades. Population growth stayed below ten percent each decade, and ranged from a two percent decrease between 1980-1990 to an eight percent increase between 1960-1970. Over fifty years, Newport grew by a total of 1,138 residents, going from 5,131 in 1950 to 6,269 residents in 2000. The 2003 Census estimate for Newport was 6,441 residents, which ranked 48th among New Hampshire's incorporated cities and towns.

**Population Density, 2003:** 145.7 persons per square mile of land area. Newport contains 43.5 square miles of land area and 0.1 square miles of inland water area.

**Villages and Place Names:** Chandlers Mills, Guild, Kelleyville, North Newport, Chandler Station



Sullivan County

**MUNICIPAL SERVICES**

Type of Government	Selectmen
2004 Annual Budget	\$6,100,000
Zoning Ordinance	1965/04
Master Plan	1995
Capital Improvement Plan	Yes
Industrial Plans Reviewed By	Planning Board

**Boards and Commissions**

Elected:	<b>Board of Selectmen</b>
Appointed:	<b>Planning Board; Conservation Commission; Library Trustees; Zoning Board of Adjustment; Heritage Commission; Airport Commission; Recreation Advisory Council</b>

Public Library      **Richards Free**

**EMERGENCY SERVICES**

Police Department	<b>Full-time</b>
Fire Department	<b>Full-time</b>
Town Fire Insurance Rating	<b>4/9</b>
Emergency Medical Service	<b>Municipal</b>

**Nearest Hospital(s):**

**Valley Regional, Claremont**

Distance: **10 miles**      Staffed Beds: **28**

**UTILITIES**

Electric Supplier	<b>PSNH; NH Elec.; Conn. Valley</b>
Natural Gas Supplier	<b>None</b>
Water Supplier	<b>Newport Water Works</b>
Sanitation	<b>Municipal</b>
Municipal Wastewater Treatment Plant	<b>Yes</b>
Solid Waste Disposal	
Curbside Trash Pickup	<b>None</b>
Pay-As-You-Throw Program	<b>Yes</b>
Recycling Program	<b>Voluntary</b>
Telephone Company	<b>Verizon</b>
Cellular Telephone Access	<b>Yes</b>
Cable Television Access	<b>Yes</b>
High Speed Internet Service:	
Business	<b>Yes</b>
Residential	<b>Yes</b>

**PROPERTY TAXES**

2003 Total Tax Rate (per \$1000)	<b>\$35.43</b>
2003 Equalization Ratio	<b>68.6</b>
2003 Full Value Tax Rate (per \$1000)	<b>\$24.31</b>
2003 Percent of Property Valuation by Type	
Residential Land and Buildings	<b>66.3%</b>
Commercial Land and Buildings	<b>30.6%</b>
Other Property including Utilities	<b>3.1%</b>

**HOUSING**

2002 Total Housing Units	<b>2,654</b>
2002 Single-Family Units	<b>1,534</b>
Building Permits Issued	<b>4</b>
2002 Multi-Family Units	<b>844</b>
Building Permits Issued	<b>0</b>
2002 Manufactured Housing Units	<b>276</b>

**DEMOGRAPHICS**

Total Population	Community	County
2003	<b>6,441</b>	<b>42,048</b>
2000	<b>6,269</b>	<b>40,458</b>
1990	<b>6,110</b>	<b>38,592</b>
1980	<b>6,229</b>	<b>36,063</b>
1970	<b>5,899</b>	<b>30,949</b>

**Census 2000 Demographics**

Population by Gender		
Male	<b>3,086</b>	Female <b>3,183</b>

**Population by Age Group**

Under age 5	<b>398</b>
Age 5 to 19	<b>1,391</b>
Age 20 to 34	<b>1,153</b>
Age 35 to 54	<b>1,845</b>
Age 55 to 64	<b>521</b>
Age 65 and over	<b>961</b>
Median Age	<b>37.1 years</b>

**Educational Attainment, population 25 years and over**

High school graduate or higher	<b>78.0%</b>
Bachelor's degree or higher	<b>11.8%</b>

**ANNUAL INCOME, 1999** (Census 2000)

Per capita income	<b>\$16,964</b>
Median 4-person family income	<b>\$45,508</b>
Median household income	<b>\$37,442</b>

**Median Earnings, full-time, year-round workers**

Male	<b>\$31,807</b>
Female	<b>\$22,788</b>

Families below the poverty level	<b>10.8%</b>
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**LABOR FORCE**

Annual Average	1993	2003
Civilian labor force	<b>3,010</b>	<b>3,076</b>
Employed	<b>2,844</b>	<b>2,976</b>
Unemployed	<b>166</b>	<b>100</b>
Unemployment rate	<b>5.5%</b>	<b>3.3%</b>

**EMPLOYMENT & WAGES**      **1993**      **2003**

Goods Producing Industries		
Average Employment	<b>2,042</b>	<b>1,563</b>
Average Weekly Wage	<b>\$528</b>	<b>\$744</b>
Service Providing Industries		
Average Employment	<b>1,337</b>	<b>1,479</b>
Average Weekly Wage	<b>\$353</b>	<b>\$498</b>
Total Private Industry		
Average Employment	<b>3,379</b>	<b>3,042</b>
Average Weekly Wage	<b>\$459</b>	<b>\$624</b>

**Government (Federal, State, and Local)**

Average Employment	<b>981</b>	<b>754</b>
Average Weekly Wage	<b>\$421</b>	<b>\$491</b>

**Total, Private Industry plus Government**

Average Employment	<b>4,361</b>	<b>3,795</b>
Average Weekly Wage	<b>\$450</b>	<b>\$598</b>

n = indicates that data does not meet disclosure standards



**EDUCATION AND CHILD CARE**

Schools students attend: **Newport operates grades K-12**  
 Career Technology Center(s): **Sugar River Valley Tech Center**

District: **SAU 43**  
 Region: **10**

Educational Facilities	Elementary	Middle/Junior High	High School	Private/Parochial
Number of Schools	<b>2</b>	<b>1</b>	<b>1</b>	
Grade Levels	<b>K 1-5</b>	<b>6-8</b>	<b>9-12</b>	
Total Enrollment	<b>505</b>	<b>329</b>	<b>443</b>	

NH Licensed Child Care Facilities, 2003: Total Facilities: **5** Total Capacity: **169**

Nearest Community/Technical College: **Claremont**  
 Nearest Colleges or Universities: **Dartmouth; Colby-Sawyer**

LARGEST EMPLOYERS	PRODUCT/SERVICE	EMPLOYEES	ESTABLISHED
Sturm Ruger & Co.	Sporting firearms	1,100	
Arlington American Sample Co.	Sample books, cards	140	
LaValley Building Supply	Building components	100	
Gloenco-Newport, Inc.	Plastic heat shrink guns	75	
Hartford/Eiclenhauer	Heating elements	70	
Latva Machine Co., Inc.	Precision machine parts	53	
United Construction	Construction contractor	50	
Carroll Concrete	Concrete products	34	
Roymal Coatings & Chemicals, Inc.	Protective coatings	27	

**TRANSPORTATION**

Road Access	Federal Routes	
	State Routes	<b>10, 11, 103</b>
Nearest Interstate, Exit		<b>I-89, Exit 13</b>
	Distance	<b>10 miles</b>
Railroad		<b>No</b>
Public Transportation		<b>Yes</b>
Nearest Airport		<b>Newport</b>
Runway		<b>3,450 feet</b>
Lighted?	<b>No</b>	Navigational Aids? <b>Yes</b>
Nearest Commercial Airport		<b>Lebanon</b>
Distance		<b>24 miles</b>
Driving distance to select cities:		
Manchester, NH		<b>60 miles</b>
Portland, Maine		<b>152 miles</b>
Boston, Mass.		<b>110 miles</b>
New York City, NY		<b>258 miles</b>
Montreal, Quebec		<b>212 miles</b>

**COMMUTING TO WORK**

(Census 2000)

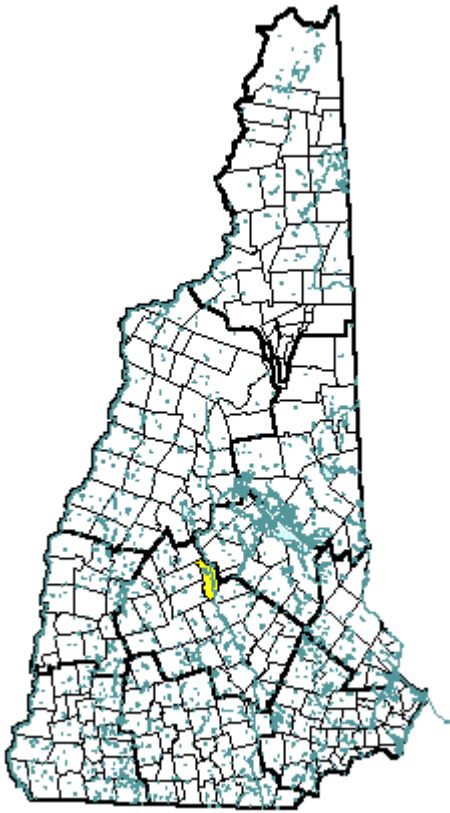
Workers 16 years and over	
Drove alone, car/truck/van%	<b>81.3%</b>
Carpooled, car/truck/van	<b>10.7%</b>
Public transportation	<b>0.2%</b>
Walked	<b>4.0%</b>
Other means	<b>0.5%</b>
Worked at home	<b>3.3%</b>
Mean Travel Time to Work	<b>22 minutes</b>
Percent of Working Residents:	
Working in community of residence	<b>54%</b>
Commuting to another NH community	<b>42%</b>
Commuting out-of-state	<b>4%</b>

**RECREATION, ATTRACTIONS, AND EVENTS**

X	Municipal Parks
	YMCA/YWCA
	Boys Club/Girls Club
X	Golf Courses
	Swimming: Indoor Facility
	Swimming: Outdoor Facility
X	Tennis Courts: Indoor Facility
X	Tennis Courts: Outdoor Facility
	Ice Skating Rink: Indoor Facility
X	Bowling Facilities
X	Museums
	Cinemas
X	Performing Arts Facilities
X	Tourist Attractions
X	Youth Organizations (i.e., Scouts, 4-H)
X	Youth Sports: Baseball
X	Youth Sports: Soccer
X	Youth Sports: Football
X	Youth Sports: Basketball
X	Youth Sports: Hockey
X	Campgrounds
X	Fishing/Hunting
X	Boating/Marinas
X	Snowmobile Trails
X	Bicycle Trails
X	Cross Country Skiing
X	Beach or Waterfront Recreation Area
	Nearest Ski Area(s): <b>Mount Sunapee</b>
	Other: <b>Covered bridges; Lake Sunapee; Parlin Field Airport; Rails to Trails; Sugar River</b>

**NH Childhood Lead Poisoning Prevention Program  
Franklin Local Lead Action Committee**

<b>Member Name</b>	<b>Affiliation</b>
Jean Galloway	CCNTR
Julie Ellerbeck	CCNTR
Charles Bodien	Franklin Health Officer
Rick Silverberg	Health First
Linda Eaton	Health First
Pam Sayre	NH CLPPP
LuAnn Speikers	NH CLPPP
Suzanne Allison	NH CLPPP
Emilia Belouin	The Way Home
Jason Grevier	Rental Property Owner
Chris Seufert	Lawyer
Jerry Spaulding	Belnap-Merrimack CAP
Daphne Feeney	USDA Rural Development
Dana Nute	Belnap-Merrimack CAP



# Franklin, NH

## Community Contact

City of Franklin  
Greg Doyon, City Manager  
316 Central Street, City Hall  
Franklin, NH 03235

Telephone  
Fax  
E-mail  
Web Site

(603) 934-3900  
(603) 934-7413  
not available  
not available

## Municipal Office Hours

Monday through Friday, 8 am - 5 pm

County  
Tourism Region  
Planning Commission  
Regional Development

Merrimack  
Lakes  
Lakes Region  
Capitol Region Economic Development Council

## Election Districts

US Congress  
Executive Council  
State Senate  
State Representative

District 2 (All Wards)  
District 2 (All Wards)  
District 7 (All Wards)  
District 33 (All Wards)

Incorporated: 1828

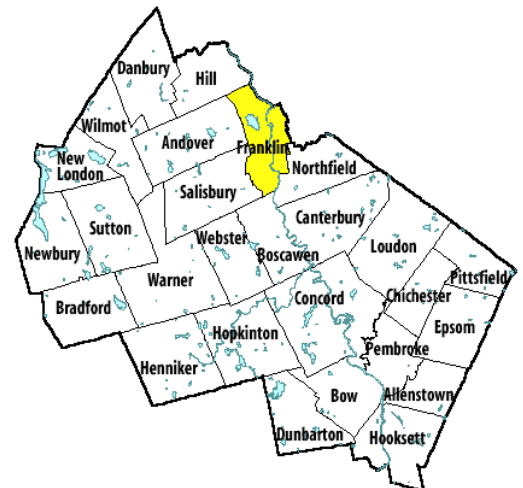
**Origin:** Situated as the junction of the Pemigewasset and Winnepesaukee Rivers, the town was originally known as Pemigewasset Village. It was taken from portions of Salisbury, Andover, Sanbornton, and Northfield. The name Franklin was adopted in 1820 in honor of Benjamin Franklin, and the town was incorporated as a city in 1895.

**Population, Year of the First Census Taken:** 1,370 residents in 1830

**Population Trends:** Franklin's population grew well below the statewide average rate, increasing by less than ten percent over each of the last five decades. Decennial growth rates ranged from a one percent increase between 1990-2000 to an eight percent increase between both 1960-1970 and 1970-1980. Franklin grew by a total of 1,853 residents, going from 6,552 in 1960 to 8,405 residents in 2000. The 2003 Census estimate for Franklin was 8,613 residents, which ranked 31st among New Hampshire's incorporated cities and towns.

**Population Density, 2003:** 305.5 persons per square mile of land area. Franklin contains 27.7 square miles of land area and 1.5 square miles of inland water area.

**Villages and Place Names:** Webster Lake, Webster Place, West Franklin



Merrimack County

**MUNICIPAL SERVICES**

Type of Government	<b>Council - Manager</b>
2003 Annual Budget	<b>\$19,125,062</b>
Zoning Ordinance	<b>1971/04</b>
Master Plan	<b>2000</b>
Capital Improvement Plan	<b>Yes</b>
Industrial Plans Reviewed By	<b>City Planner</b>

**Boards and Commissions**

Elected:	<b>City Council</b>
Appointed:	<b>Planning Board; Zoning Board; Library Trustees; Conservation Commission</b>

Public Library      **Franklin Public**

**EMERGENCY SERVICES**

Police Department	<b>Full-time</b>
Fire Department	<b>Full-time</b>
Town Fire Insurance Rating	<b>4/9</b>
Emergency Medical Service	<b>Municipal</b>

**Nearest Hospital(s):**

**Franklin Regional, Franklin**

Distance: **Local**      Staffed Beds: **47**

**UTILITIES**

Electric Supplier	<b>PSNH; NH Electric Coop.</b>
Natural Gas Supplier	<b>KeySpan</b>
Water Supplier	<b>Franklin Water Works</b>
Sanitation	<b>Municipal</b>
Municipal Wastewater Treatment Plant	<b>Yes</b>
Solid Waste Disposal	<b>Municipal</b>
Curbside Trash Pickup	<b>No</b>
Pay-As-You-Throw Program	<b>None</b>
Recycling Program	<b>None</b>
Telephone Company	<b>Verizon</b>
Cellular Telephone Access	<b>Yes</b>
Cable Television Access	<b>Yes</b>
High Speed Internet Service:	<b>Business      unknown</b>
	<b>Residential      unknown</b>

**PROPERTY TAXES**

2003 Total Tax Rate (per \$1000)	<b>\$21.19</b>
2003 Equalization Ratio	<b>91.9</b>
2003 Full Value Tax Rate (per \$1000)	<b>\$19.50</b>
2003 Percent of Property Valuation by Type	
Residential Land and Buildings	<b>72.9%</b>
Commercial Land and Buildings	<b>20.2%</b>
Other Property including Utilities	<b>6.9%</b>

**HOUSING**

2002 Total Housing Units	<b>3,723</b>
2002 Single-Family Units	<b>2,180</b>
Building Permits Issued	<b>28</b>
2002 Multi-Family Units	<b>1,360</b>
Building Permits Issued	<b>0</b>
2002 Manufactured Housing Units	<b>183</b>

**DEMOGRAPHICS**

Total Population	Community	County
2003	<b>8,613</b>	<b>143,622</b>
2000	<b>8,405</b>	<b>136,225</b>
1990	<b>8,304</b>	<b>120,005</b>
1980	<b>7,901</b>	<b>98,302</b>
1970	<b>7,292</b>	<b>80,925</b>

**Census 2000 Demographics**

Population by Gender		
Male	<b>4,074</b>	Female <b>4,331</b>

**Population by Age Group**

Under age 5	<b>613</b>
Age 5 to 19	<b>1,766</b>
Age 20 to 34	<b>1,526</b>
Age 35 to 54	<b>2,496</b>
Age 55 to 64	<b>771</b>
Age 65 and over	<b>1,233</b>
Median Age	<b>37.3 years</b>

**Educational Attainment, population 25 years and over**

High school graduate or higher	<b>80.3%</b>
Bachelor's degree or higher	<b>13.6%</b>

**ANNUAL INCOME, 1999**

(Census 2000)

Per capita income	<b>\$17,155</b>
Median 4-person family income	<b>\$41,698</b>
Median household income	<b>\$34,613</b>

**Median Earnings, full-time, year-round workers**

Male	<b>\$32,318</b>
Female	<b>\$25,062</b>

Families below the poverty level	<b>8.9%</b>
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**LABOR FORCE**

Annual Average	1993	2003
Civilian labor force	<b>4,103</b>	<b>4,798</b>
Employed	<b>3,772</b>	<b>4,580</b>
Unemployed	<b>331</b>	<b>218</b>
Unemployment rate	<b>8.1%</b>	<b>4.5%</b>

**EMPLOYMENT & WAGES**

	1993	2003
Goods Producing Industries		
Average Employment	<b>1,390</b>	<b>1,241</b>
Average Weekly Wage	<b>\$541</b>	<b>\$777</b>
Service Providing Industries		
Average Employment	<b>1,414</b>	<b>1,447</b>
Average Weekly Wage	<b>\$346</b>	<b>\$528</b>
Total Private Industry		
Average Employment	<b>2,804</b>	<b>2,689</b>
Average Weekly Wage	<b>\$443</b>	<b>\$643</b>
Government (Federal, State, and Local)		
Average Employment	<b>378</b>	<b>403</b>
Average Weekly Wage	<b>\$398</b>	<b>\$579</b>
Total, Private Industry plus Government		
Average Employment	<b>3,181</b>	<b>3,091</b>
Average Weekly Wage	<b>\$437</b>	<b>\$635</b>

n = indicates that data does not meet disclosure standards

**EDUCATION AND CHILD CARE**

Schools students attend: **Franklin operates grades K-12** District: **SAU 18**  
 Career Technology Center(s): **J. Oliva Huot Tech Ctr.; Winnisquam Agricultural Ed Ctr.** Region: **08**

Educational Facilities	Elementary	Middle/Junior High	High School	Private/Parochial
Number of Schools	2	1	1	
Grade Levels	P K 1-4	5-8	9-12	
Total Enrollment	536	453	472	

NH Licensed Child Care Facilities, 2003: Total Facilities: 8 Total Capacity: 130

Nearest Community/Technical College: **Laconia**

Nearest Colleges or Universities: **Colby-Sawyer; Plymouth State University**

LARGEST EMPLOYERS	PRODUCT/SERVICE	EMPLOYEES	ESTABLISHED
Webster Valve & Foundry	Plumbing, heating controls	515	1956
Franklin Regional Hospital	Health care	359	1910
Polyclad Laminates, Inc.	Laminates for printed circuit boards	295	1980
City of Franklin	Municipal services	253	
Freudenberg - NOK	Automotive Products	185	
Hannaford Brothers	Supermarket	140	1992
Wyman Gordon Investment Castings, Inc.	Titanium products	91	1995
Vitex Extrusion	Aluminum extrusions	65	1996
Insulfab Plastics, Inc.	Plastic fabrication	60	1953
Acme Staple Co., Inc.	Industrial stapling systems	21	1959

**TRANSPORTATION**

Road Access	Federal Routes	3
	State Routes	3A, 11
Nearest Interstate, Exit	I-93, Exit 20	
Distance	4 miles	
Railroad	No	
Public Transportation	Yes	
Nearest Airport	Laconia	
Runway	5,286 feet	
Lighted? Yes	Navigational Aids? Yes	
Nearest Commercial Airport	Manchester	
Distance	30 miles	
Driving distance to select cities:		
Manchester, NH	38 miles	
Portland, Maine	116 miles	
Boston, Mass.	88 miles	
New York City, NY	285 miles	
Montreal, Quebec	239 miles	

**COMMUTING TO WORK**

(Census 2000)

Workers 16 years and over	
Drove alone, car/truck/van%	77.1%
Carpooled, car/truck/van	17.0%
Public transportation	0.2%
Walked	2.3%
Other means	1.2%
Worked at home	2.2%
Mean Travel Time to Work	21.7 minutes

Percent of Working Residents:

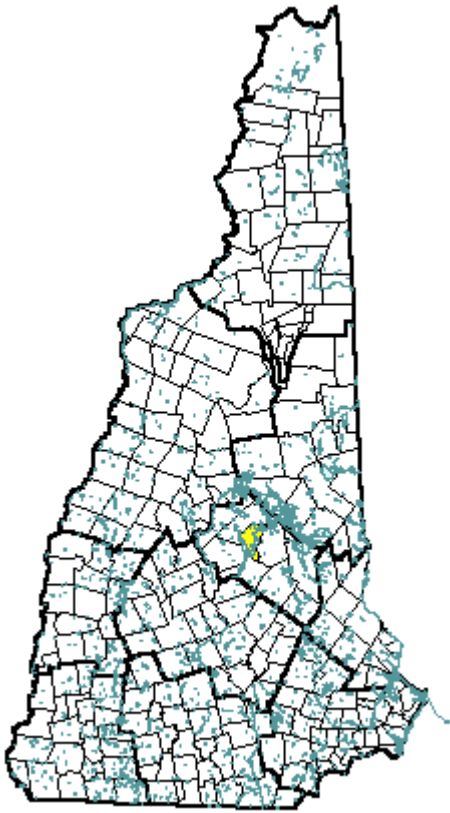
Working in community of residence	35%
Commuting to another NH community	65%
Commuting out-of-state	0%

**RECREATION, ATTRACTIONS, AND EVENTS**

X	Municipal Parks
	YMCA/YWCA
	Boys Club/Girls Club
X	Golf Courses
	Swimming: Indoor Facility
X	Swimming: Outdoor Facility
	Tennis Courts: Indoor Facility
X	Tennis Courts: Outdoor Facility
	Ice Skating Rink: Indoor Facility
	Bowling Facilities
	Museums
X	Cinemas
X	Performing Arts Facilities
	Tourist Attractions
X	Youth Organizations (i.e., Scouts, 4-H)
X	Youth Sports: Baseball
	Youth Sports: Soccer
X	Youth Sports: Football
X	Youth Sports: Basketball
	Youth Sports: Hockey
X	Campgrounds
X	Fishing/Hunting
X	Boating/Marinas
X	Snowmobile Trails
X	Bicycle Trails
X	Cross Country Skiing
	Beach or Waterfront Recreation Area
	Nearest Ski Area(s): <b>Veteran's Memorial Ski Area</b>
	Other: <b>Daniel Webster Birthplace</b>

**NH Childhood Lead Poisoning Prevention Program  
Laconia Local Lead Action Committee**

<b>Member Name</b>	<b>Affiliation</b>
Corey Albert	Laconia Housing
Debbie Brady	Laconia Head Start
Gifford Swanson	Lakes Region Rental Association
Jane MacDonald	Laconia Area Community Land Trust
Julie Farina	Lakes Region Child Care Services
Kristen Awrich	Community Health & Hospice
Pamela Sayre	NH CLPPP
Paula Samson	Public Health & Safety Partnership of Lakes Region
Suzanne Allison	NH CLPPP



# Laconia, NH

## Community Contact

City of Laconia  
Eileen Cabanel, City Manager  
45 Beacon Street East  
Laconia, NH 03246

Telephone  
Fax  
E-mail  
Web Site

(603) 527-1270  
(603) 527-1292  
citymanager@city.laconia.nh.us  
www.cityoflaconianh.org

## Municipal Office Hours

Monday through Friday, 8:30 am - 4:30 pm

County  
Tourism Region  
Planning Commission  
Regional Development

Belknap  
Lakes  
Lakes Region  
Belknap County Economic Development Council

## Election Districts

US Congress  
Executive Council  
State Senate  
State Representative

District 1 (All Wards)  
District 1 (All Wards)  
District 4 (All Wards)  
District 30 (All Wards)

**Incorporated:** 1855

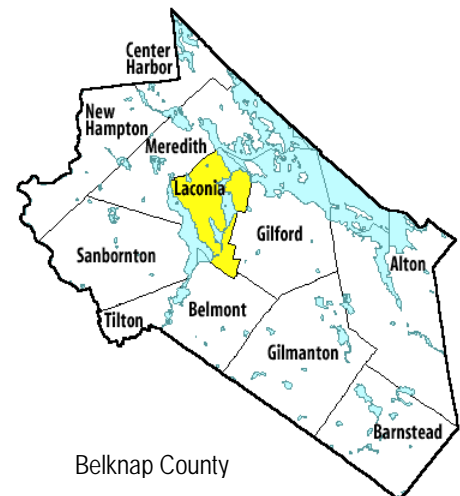
**Origin:** First explored in the 1620's, Laconia was for many years a part of Meredith and Gilford known as Meredith Bridge. Early explorers had hoped to follow the Piscataqua River north to Lake Champlain, in search of the great lakes and rivers of Canada told of in Indian lore. These explorers were known as the Laconia Adventurers, Laconia being a region of ancient Greece. Incorporated as a city in 1893, Laconia includes the villages of Lakeport and Weirs Beach. "Weirs" is the name of primitive fishing devices discovered at the outlet of Lake Winnepesaukee.

**Population, Year of the First Census Taken:** 1,806 residents in 1860

**Population Trends:** Laconia has grown very slowly over the last five decades. The city's 11 percent increase over the fifty-year period was the fifth lowest positive growth rate, with decennial growth ranging from a three percent decrease between 1960-1970 to a five percent increase between 1970-1980. Laconia grew by a total of 1,666 residents, going from 14,745 in 1950 to 16,411 residents in 2000. The 2003 Census estimate for Laconia was 17,134 residents, which ranked 15th among New Hampshire's incorporated cities and towns.

**Population Density, 2003:** 828.4 persons per square mile of land area. Laconia contains 20.1 square miles of land area and 6.0 square miles of inland water area.

**Villages and Place Names:** Interlaken Park, Lakeport, Pendleton Beach, Weirs Beach, Paugus Bay



**MUNICIPAL SERVICES**

Type of Government	Manager & Council
2004 Annual Budget	\$43,850,196
Zoning Ordinance	1948/01
Master Plan	1992
Capital Improvement Plan	Yes
Industrial Plans Reviewed By	City Planner

**Boards and Commissions**

Elected:	City Council; Police Commission
Appointed:	Planning Board; Zoning Board; Library Trustees; Conservation Commission; Board of Assessors

Public Library      **Laconia Public**

**EMERGENCY SERVICES**

Police Department	Full-time
Fire Department	Full-time
Town Fire Insurance Rating	3/9
Emergency Medical Service	Other

**Nearest Hospital(s):**

**Lakes Region General, Laconia**  
Distance: **Local**      Staffed Beds: **106**

**UTILITIES**

Electric Supplier	PSNH; NH Electric Coop.
Natural Gas Supplier	KeySpan
Water Supplier	Laconia Water Works
Sanitation	Municipal
Municipal Wastewater Treatment Plant	Yes
Solid Waste Disposal	Municipal
Curbside Trash Pickup	No
Pay-As-You-Throw Program	Voluntary
Recycling Program	Voluntary
Telephone Company	Verizon
Cellular Telephone Access	Yes
Cable Television Access	Yes
High Speed Internet Service:	Business      Yes
	Residential      Yes

**PROPERTY TAXES**

2003 Total Tax Rate (per \$1000)	\$17.89
2003 Equalization Ratio	96.0
2003 Full Value Tax Rate (per \$1000)	\$16.93
2003 Percent of Property Valuation by Type	
Residential Land and Buildings	83.1%
Commercial Land and Buildings	15.5%
Other Property including Utilities	1.5%

**HOUSING**

2002 Total Housing Units	8,700
2002 Single-Family Units	4,826
Building Permits Issued	60
2002 Multi-Family Units	3,610
Building Permits Issued	4
2002 Manufactured Housing Units	264

**DEMOGRAPHICS**

Total Population	Community	County
2003	17,134	60,356
2000	16,411	56,325
1990	15,743	49,216
1980	15,575	42,884
1970	14,888	32,367

**Census 2000 Demographics**

Population by Gender		
Male	7,969	Female      8,442

**Population by Age Group**

Under age 5	869
Age 5 to 19	3,186
Age 20 to 34	3,203
Age 35 to 54	4,746
Age 55 to 64	1,579
Age 65 and over	2,828
Median Age	38.8 years

**Educational Attainment, population 25 years and over**

High school graduate or higher	81.9%
Bachelor's degree or higher	19.6%

**ANNUAL INCOME, 1999**

(Census 2000)

Per capita income	\$19,540
Median 4-person family income	\$45,307
Median household income	\$37,796

**Median Earnings, full-time, year-round workers**

Male	\$31,714
Female	\$22,818

Families below the poverty level	7.5%
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**LABOR FORCE**

Annual Average	1993	2003
Civilian labor force	7,468	8,185
Employed	6,889	7,862
Unemployed	579	323
Unemployment rate	7.8%	3.9%

**EMPLOYMENT & WAGES**

1993      2003

Goods Producing Industries		
Average Employment	2,800	2,328
Average Weekly Wage	\$482	\$750

Service Providing Industries		
Average Employment	6,337	6,748
Average Weekly Wage	\$382	\$567

Total Private Industry		
Average Employment	9,137	9,075
Average Weekly Wage	\$412	\$614

Government (Federal, State, and Local)		
Average Employment	1,156	1,596
Average Weekly Wage	\$505	\$676

Total, Private Industry plus Government		
Average Employment	10,293	10,672
Average Weekly Wage	\$423	\$623

n = indicates that data does not meet disclosure standards



**EDUCATION AND CHILD CARE**

Schools students attend: **Laconia operates grades K-12** District: **SAU 30**  
 Career Technology Center(s): **J. Oliva Huot Tech Ctr.; Winnisquam Agricultural Ed Ctr.** Region: **08**

Educational Facilities	Elementary	Middle/Junior High	High School	Private/Parochial
Number of Schools	3	1	1	3
Grade Levels	P K 1-5	6-8	9-12	K-12
Total Enrollment	1,075	619	800	n/a

NH Licensed Child Care Facilities, 2003: Total Facilities: **18** Total Capacity: **640**

Nearest Community/Technical College: **Laconia**  
 Nearest Colleges or Universities: **Plymouth State University**

LARGEST EMPLOYERS	PRODUCT/SERVICE	EMPLOYEES	ESTABLISHED
Aavid Engineering Corp.	Semiconductor heat sinks	620	1966
NH Ball Bearings, Inc.	Spherical bearings	478	1968
Lewis & Sanders, Inc.	Metal tubular assemblies	130	1956
Wilcom Products, Inc	Telecommunications test equipment	85	
Baron Machine Co., Inc.	Machine parts, heat treating	70	1957
Freudenberg-NOK	Automotive seals		1999
Lakes Region General Hospital	Medical Care		

**TRANSPORTATION**

Road Access	Federal Routes	3
	State Routes	106, 107
Nearest Interstate, Exit	I-93, Exit 20	
Distance	7 miles	
Railroad	State owned line	
Public Transportation	Yes	
Nearest Airport	Laconia	
Runway	5,286 feet	
Lighted? Yes	Navigational Aids? Yes	
Nearest Commercial Airport	Manchester	
Distance	50 miles	
Driving distance to select cities:		
Manchester, NH	45 miles	
Portland, Maine	109 miles	
Boston, Mass.	95 miles	
New York City, NY	292 miles	
Montreal, Quebec	242 miles	

**COMMUTING TO WORK**

(Census 2000)

Workers 16 years and over	
Drove alone, car/truck/van%	78.9%
Carpooled, car/truck/van	12.1%
Public transportation	0.8%
Walked	3.7%
Other means	1.6%
Worked at home	3.0%
Mean Travel Time to Work	21.3 minutes
Percent of Working Residents:	
Working in community of residence	52%
Commuting to another NH community	45%
Commuting out-of-state	2%

**RECREATION, ATTRACTIONS, AND EVENTS**

X	Municipal Parks
	YMCA/YWCA
	Boys Club/Girls Club
X	Golf Courses
X	Swimming: Indoor Facility
X	Swimming: Outdoor Facility
	Tennis Courts: Indoor Facility
X	Tennis Courts: Outdoor Facility
X	Ice Skating Rink: Indoor Facility
X	Bowling Facilities
	Museums
X	Cinemas
	Performing Arts Facilities
X	Tourist Attractions
X	Youth Organizations (i.e., Scouts, 4-H)
X	Youth Sports: Baseball
X	Youth Sports: Soccer
X	Youth Sports: Football
X	Youth Sports: Basketball
X	Youth Sports: Hockey
X	Campgrounds
X	Fishing/Hunting
X	Boating/Marinas
X	Snowmobile Trails
X	Bicycle Trails
X	Cross Country Skiing
X	Beach or Waterfront Recreation Area
	Nearest Ski Area(s): <b>Gunstock</b>
	Other: <b>Mount Washington Cruises; Weirs Beach; Scenic Railroad; Prescott Farm Audubon Center</b>

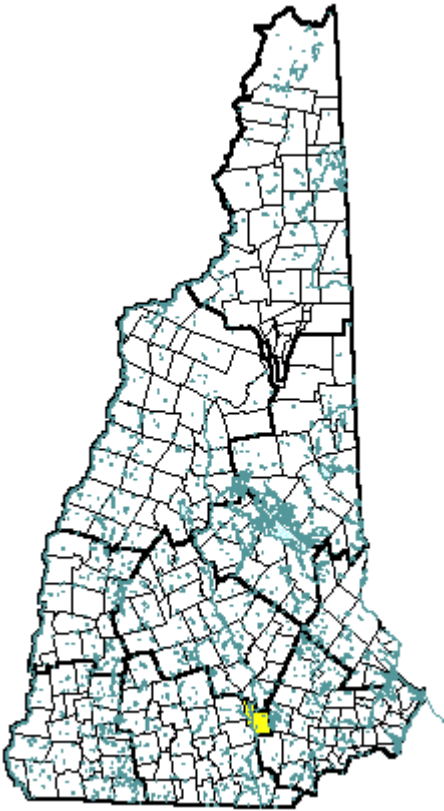
**NH Childhood Lead Poisoning Prevention Program  
Manchester Local Lead Action Committee**

<b>Member Name</b>	<b>Affiliation</b>
Maria-Tu Scott	
Niki Watson	
Bob Clohosey	Catholic Charities of NH
Jean Jacques	Catholic Medical Center – Community Services
Nancy Serrell	Center for Environmental Health Sciences
Sue Dery	Child Health Services
Dr. Rob Nordgren	Child Health Services
Elizabeth Winger	Child Health Services
Selma Deitch	Child Health Services
Beth Etlinger	Dartmouth Hitchcock Manchester
Claudia Aldarado	Division of Child and Youth Services
Rebecca Campos	Doctors Park Pediatricsq
Ann Smith	Easter Seals NH
Elizabeth Castrogiovanni	Elliot Hospital
Karen Rosenberg	Fair Housing Project
Stephanie Savard	Families In Transition
Karen Lesmerises	FNA Parent/Baby Program
Al Tremblay	Food Bank
Linda Kincaid	Head Start Program
William Straughn III	Hitchcock Dartmouth Manchester
Florentina Dinu	International Insititute of NH
Montse Goodrich	Latin American Center
Jill Davis	Manchester Community Health
Bud Stevenson	Manchester Community Health Center
Kim McNamara	Manchester Health Department
Carrie Campbell	Manchester Health Department
Sandy Buseman	Manchester Health Department
Joline Manseau	Manchester Health Department
Phil Alexakos	Manchester Health Department
Rosemary Caron	Manchester Health Department
Elaine Douville	Manchester Health Department
Barbara Gleason	Manchester Health Department
Aaron Krycki	Manchester Health Department
Susan Gagnon	Manchester Health Department
Leon LaFreniere	Manchester Health Department
Larry Caron	Manchester Health Department
Diane Guimond	Manchester Health Department
Meredith Maruyama	Manchester Health Department
Jennifer Vadney	Manchester Ntighborhood Housing Services
Ken Snow	Mental Health Center of Greater Manchester
Jazmin Miranda-Smith	Minority Health Coalition
Sienna Larson	Minority Health Coalition
Heather Fairchild	NH CLPPP
Rick Blais	NH Property Owners Association

*Eliminating Childhood Lead Poisoning in New Hampshire*

Debbie Cote	Nutrition Coordinator WIC Program
Marty Boldin	Office of Youth Services
Pamela Dubois	Pediatric Health Associates
Stephanie Flegenheimer	Pediatric Health Associates
Richard Duckoff	QCTA
Karen Holmes	River Road Pediatrics
Louise Bergeron	Souther NH Services
Karen Conlon	The Salvation Army
Emilia Belouin	The Way Home
Doreen Noble	The Way Home
Milessa Patnaude	The Way Home
Mary Sliney	The Way Home
Sherry Dupuis	VNA Child Care Center

# Manchester, NH



## Community Contact

Manchester Economic Development Office  
Jane F. Hills, Assistant Economic Development Director  
One City Hall Plaza, Suite 110  
Manchester, NH 03101-2099

Telephone  
Fax  
E-mail  
Web Site

(603) 624-6505  
(603) 624-6308  
econdev@ci.manchester.nh.us  
www.ManchesterNH.gov

## Municipal Office Hours

Monday through Friday, 8 am - 5 pm

County  
Tourism Region  
Planning Commission  
Regional Development

Hillsborough  
Merrimack Valley  
Southern NH  
Capitol Region Economic Development Council

## Election Districts

US Congress  
Executive Council  
State Senate

## State Representative

District 1 (All Wards)  
District 4 (All Wards)  
District 16 (Wards 1, 2, & 12), 18 (Wards 5-9),  
and 20 (Wards 3, 4, 10, & 11)  
District 49 (Wards 1 & 12), 50 (Wards 2, 3, 10, & 11),  
51 (Ward 4), 52 (Ward 5), 53 (Ward 7), 54 (Ward 6),  
55 (Ward 9), and 56 (Ward 8)

Incorporated: 1751

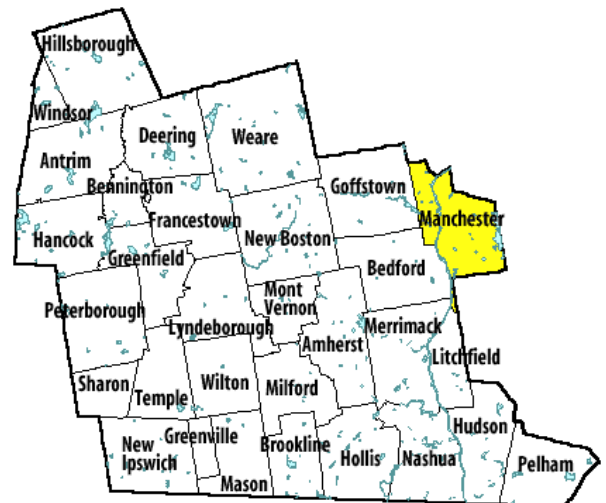
**Origin:** First known as Harrytown and Tyng's Town, the town was granted as Derryfield in 1751. The name Manchester was suggested by Samuel Blodgett, a businessman who found that the Amoskeag Falls impeded shipping on the Merrimack River. After visiting Manchester, England, he was determined to build a canal like those in England. The canal was first opened in May 1807. Mr. Blodgett's goal was to make the town a great city, and although he died in September 1807, it was renamed Manchester in 1810, and incorporated as a city in 1846.

**Population, Year of the First Census Taken:** 362 residents in 1790

**Population Trends:** Manchester continues to reign as the state's largest city, and was the first to reach 100,000 residents. Population increased by a total of 24,274 residents, the third largest increase, going from 82,732 in 1950 to 107,006 residents in 2000. But decennial growth rates were low, ranging from a one percent decrease between 1960-1970 to a nine percent increase between 1980-1990. The 2003 Census estimate for Manchester was 108,871 residents, which ranked first among New Hampshire's incorporated cities and towns.

**Population Density, 2003:** 3,270.3 persons per square mile of land area, the state's highest population density. Manchester contains 33.0 square miles of land area and 1.9 square miles of inland water area.

**Villages and Place Names:** Goffs Falls, Massabesic, Youngsville, Bakersville, Bald Hill District, Amoskeag



Hillsborough County

**MUNICIPAL SERVICES**

Type of Government	Mayor & 14 Aldermen
2004 Annual Budget	\$106,546,576
Zoning Ordinance	1927/01
Master Plan	1993
Capital Improvement Plan	Yes
Industrial Plans Reviewed By	City Planning Board

**Boards and Commissions**

Elected:	Board of Mayor and Aldermen
Appointed:	Planning Board; Conservation Commission; Library Trustees; 25 others

Public Library      Manchester City; West Side Community

**EMERGENCY SERVICES**

Police Department	Full-time
Fire Department	Full-time
Town Fire Insurance Rating	2
Emergency Medical Service	Municipal & volunteer

**Nearest Hospital(s):**

**Elliot or Catholic Medical Center, Manchester**  
Distance: **Local**      Staffed Beds: 244; 225

**UTILITIES**

Electric Supplier	PSNH
Natural Gas Supplier	KeySpan
Water Supplier	Manchester Water Works
Sanitation	Municipal
Municipal Wastewater Treatment Plant	Yes
Solid Waste Disposal	Municipal
Curbside Trash Pickup	No
Pay-As-You-Throw Program	Yard waste-mandatory; Recyclables-voluntary
Recycling Program	
Telephone Company	Verizon
Cellular Telephone Access	Yes
Cable Television Access	Yes
High Speed Internet Service:	Business      Yes
	Residential      Yes

**PROPERTY TAXES**

2003 Total Tax Rate (per \$1000)	\$26.40
2003 Equalization Ratio	65.1
2003 Full Value Tax Rate (per \$1000)	\$16.68
2003 Percent of Property Valuation by Type	
Residential Land and Buildings	60.6%
Commercial Land and Buildings	37.2%
Other Property including Utilities	2.2%

**HOUSING**

2002 Total Housing Units	46,271
2002 Single-Family Units	18,980
Building Permits Issued	79
2002 Multi-Family Units	27,130
Building Permits Issued	124
2002 Manufactured Housing Units	161

**DEMOGRAPHICS**

Total Population	Community	County
2003	108,871	394,663
2000	107,006	380,841
1990	99,332	336,073
1980	90,936	276,608
1970	87,754	223,941

**Census 2000 Demographics**

Population by Gender		
Male	52,394	Female      54,612

**Population by Age Group**

Under age 5	7,162
Age 5 to 19	20,928
Age 20 to 34	25,525
Age 35 to 54	31,468
Age 55 to 64	8,094
Age 65 and over	13,829
Median Age	34.9 years

**Educational Attainment, population 25 years and over**

High school graduate or higher	80.7%
Bachelor's degree or higher	22.3%

**ANNUAL INCOME, 1999** (Census 2000)

Per capita income	\$21,244
Median 4-person family income	\$50,039
Median household income	\$40,774

**Median Earnings, full-time, year-round workers**

Male	\$34,287
Female	\$26,584

Families below the poverty level      7.7%

**LABOR FORCE**

Annual Average	1993	2003
Civilian labor force	52,960	62,761
Employed	49,284	59,921
Unemployed	3,676	2,840
Unemployment rate	6.9%	4.5%

**EMPLOYMENT & WAGES**      1993      2003

Goods Producing Industries		
Average Employment	9,446	9,539
Average Weekly Wage	\$559	\$833

Service Providing Industries		
Average Employment	40,254	49,318
Average Weekly Wage	\$489	\$741

Total Private Industry		
Average Employment	49,700	58,857
Average Weekly Wage	\$503	\$756

Government (Federal, State, and Local)		
Average Employment	6,901	7,888
Average Weekly Wage	\$624	\$811

Total, Private Industry plus Government		
Average Employment	56,602	66,746
Average Weekly Wage	\$517	\$763

n = indicates that data does not meet disclosure standards

**EDUCATION AND CHILD CARE**

Schools students attend: **Manchester operates grades K-12**  
 Career Technology Center(s): **Manchester School of Technology**

District: **SAU 37**  
 Region: **15**

Educational Facilities	Elementary	Middle/Junior High	High School	Private/Parochial
Number of Schools	15	4	3	12
Grade Levels	P K R 1-5	6-8	9-12	K-12
Total Enrollment	7,201	3,765	6,610	n/a

NH Licensed Child Care Facilities, 2003: Total Facilities: **70** Total Capacity: **4,644**

Nearest Community/Technical College: **Manchester**

Nearest Colleges or Universities: **Hesser; St. Anselm; Southern NH University; UNH-Manchester**

LARGEST EMPLOYERS	PRODUCT/SERVICE	EMPLOYEES	ESTABLISHED
Elliott Hospital	Health care	2,145	
Verizon	Utility	2,100	
Catholic Medical Center	Health care	1,400	
Bank of New Hampshire	Banking	1,260	
PSNH	Utility	1,250	
Citizens Bank	Banking	1,200	
Anthem Blue Cross Blue Shield of NH	Insurance	801	
Hannaford Brothers	Supermarket	725	
Osram Sylvania	Electronics	675	
Freudenberg NOK	Electronics	550	

**TRANSPORTATION**

Road Access	Federal Routes	3
	State Routes	3A, 28, 101, 114
Nearest Interstate, Exit	I-293 & I-93, Exit 6-10	
	Distance	Local access
Railroad	Boston & Maine	
Public Transportation	Yes	
Nearest Airport	Manchester	
Runway	9,250 feet	
Lighted? Yes	Navigational Aids? Yes	
Nearest Commercial Airport	Manchester	
Distance	Local	
Driving distance to select cities:		
Manchester, NH	0 miles	
Portland, Maine	94 miles	
Boston, Mass.	53 miles	
New York City, NY	246 miles	
Montreal, Quebec	259 miles	

**COMMUTING TO WORK**

(Census 2000)

Workers 16 years and over	
Drove alone, car/truck/van%	81.0%
Carpooled, car/truck/van	11.9%
Public transportation	1.4%
Walked	2.9%
Other means	0.7%
Worked at home	2.2%
Mean Travel Time to Work	21.3 minutes

Percent of Working Residents:

Working in community of residence	52%
Commuting to another NH community	41%
Commuting out-of-state	7%

**RECREATION, ATTRACTIONS, AND EVENTS**

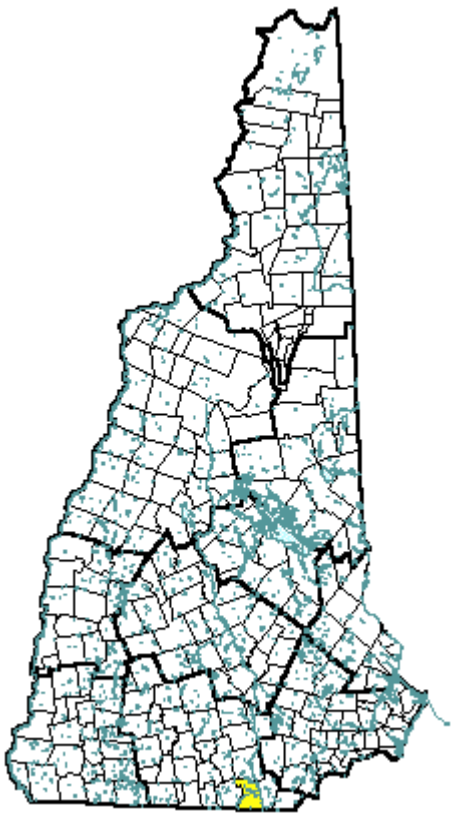
X	Municipal Parks
X	YMCA/YWCA
X	Boys Club/Girls Club
X	Golf Courses
X	Swimming: Indoor Facility
X	Swimming: Outdoor Facility
X	Tennis Courts: Indoor Facility
X	Tennis Courts: Outdoor Facility
X	Ice Skating Rink: Indoor Facility
X	Bowling Facilities
X	Museums
X	Cinemas
X	Performing Arts Facilities
X	Tourist Attractions
X	Youth Organizations (i.e., Scouts, 4-H)
X	Youth Sports: Baseball
X	Youth Sports: Soccer
X	Youth Sports: Football
X	Youth Sports: Basketball
X	Youth Sports: Hockey
	Campgrounds
X	Fishing/Hunting
X	Boating/Marinas
X	Snowmobile Trails
X	Bicycle Trails
X	Cross Country Skiing
X	Beach or Waterfront Recreation Area

Nearest Ski Area(s): **McIntyre**

Other: **Gill Stadium; Currier Gallery of Art; Amoskeag Fishways Learning Center; Verizon Wireless Arena**

**NH Childhood Lead Poisoning Prevention Program  
Nashua Local Lead Action Committee**

<b>Member Name</b>	<b>Affiliation</b>
Mary Febonio	Neighborhood Housing Services
Angeline Kopka	NH House of Representatives
Betty Wendt RN	Nashua Public Health
Chick Beaulieu	Window Replacement Contractor
Scott Costa	Nashua Housing Authority
Heidi E Peek	City of Nashua Environmental Health
James Lambert	GM Roth Contractors
Klaas Nijhuis	City of Nashua Urban Programs Department
Linda Kincaid RN	SNH Services Child Development Program
Louise Burque Mermer	Nashua Pediatrics
Mary Gorman	NH House of Representatives
Pamela Sayre	NH CLPPP
Stefan Russakow MA RS	Nashua Public Health
Sue Dobens	NH Property Owners Association
Samia Medina-Rodgers, RN	Nashua Public Health



# Nashua, NH

## Community Contact

## City of Nashua

Katherine Hersh, Community Development Division Director  
PO Box 2019, 229 Main Street  
Nashua, NH 03061-2019

Telephone  
Fax  
E-mail  
Web Site

(603) 589-3098  
(603) 589-3119  
not available  
[www.gonashua.com](http://www.gonashua.com)

## Municipal Office Hours

Monday through Friday, 8 am - 5 pm

County  
Tourism Region  
Planning Commission  
Regional Development

Hillsborough  
Merrimack Valley  
Nashua Regional  
Gateway Industrial Development Corp.

## Election Districts

US Congress  
Executive Council  
State Senate  
State Representative

District 2 (All Wards)  
District 5 (All Wards)  
District 12 (Wards 1, 2, 3, & 7), and 13 (Wards 4, 5, 6, 8, & 9)  
District 59 (Ward 2), 60 (Ward 3), 61 (Ward 1),  
62 (Wards 4 & 6), 63 (Ward 5), 64 (Ward 9),  
and 65 (Wards 7 & 8)

Incorporated: 1746

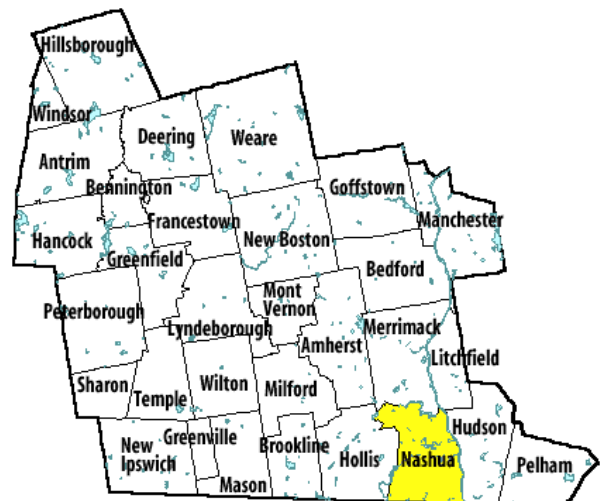
**Origin:** Originally part of a grant to Edward Tyng of Dunstable, England, the 200 square mile area, called Dunstable, included Nashua, Tyngsboro MA, and other border towns. In 1741 the town was cut in half when the Massachusetts-New Hampshire border was established. The northern half kept the name Dunstable. In 1836 the town took the Nashua River's name, a Nashaway Indian word for "beautiful river with a pebbly bottom." Nashua became a manufacturing center, powered by the Middlesex Canal which connected the Merrimack River to Boston. It was incorporated as a city in 1853.

**Population, Year of the First Census Taken:** 632 residents in 1790

**Population Trends:** Although Nashua ranked first in numeric population increase over fifty years, the rates of growth were at or below the statewide average. Decennial growth rates ranged from a nine percent increase between 1990-2000 to a 43 percent increase between 1960-1970. Nashua's population grew by 51,936 residents between the 1950 count of 34,669 and the 2000 count of 86,605. The 2003 Census estimate for Nashua was 87,285 residents, which ranked second among New Hampshire's incorporated cities and towns.

**Population Density, 2003:** 2,843.5 persons per square mile of land area, the second highest density. Nashua contains 30.8 square miles of land area and 1.0 square miles of inland water area.

**Villages and Place Names:** Broad Acres, Lincoln Park, Dunstable, Crown Hill



Hillsborough County



**MUNICIPAL SERVICES**

Type of Government	Mayor & Council
2004 Annual Budget	\$200,614,253
Zoning Ordinance	1930/03
Master Plan	2002
Capital Improvement Plan	Yes
Industrial Plans Reviewed By	Planning Board

**Boards and Commissions**

Elected:	Board of Aldermen
Appointed:	Planning Board; Conservation Commission; Library Trustees; Cemetery Trustees

Public Library      **Nashua Public**

**EMERGENCY SERVICES**

Police Department	Full-time
Fire Department	Full-time
Town Fire Insurance Rating	2
Emergency Medical Service	Municipal, other & commercial

**Nearest Hospital(s):**

**Southern NH Regional or St. Joseph, Nashua**  
Distance: **Local**      Staffed Beds: 178; 135

**UTILITIES**

Electric Supplier	PSNH
Natural Gas Supplier	KeySpan
Water Supplier	Pennichuck Water Works
Sanitation	Municipal
Municipal Wastewater Treatment Plant	Yes
Solid Waste Disposal	Municipal
Curbside Trash Pickup	No
Pay-As-You-Throw Program	Voluntary
Recycling Program	Voluntary
Telephone Company	Verizon
Cellular Telephone Access	Yes
Cable Television Access	Yes
High Speed Internet Service:	Business      unknown Residential      unknown

**PROPERTY TAXES**

2003 Total Tax Rate (per \$1000)	\$24.37
2003 Equalization Ratio	68.9
2003 Full Value Tax Rate (per \$1000)	\$16.63
2003 Percent of Property Valuation by Type	
Residential Land and Buildings	62.3%
Commercial Land and Buildings	35.1%
Other Property including Utilities	2.6%

**HOUSING**

2002 Total Housing Units	35,737
2002 Single-Family Units	18,569
Building Permits Issued	115
2002 Multi-Family Units	16,287
Building Permits Issued	40
2002 Manufactured Housing Units	881

**DEMOGRAPHICS**

Total Population	Community	County
2003	87,285	394,663
2000	86,605	380,841
1990	79,662	336,073
1980	67,865	276,608
1970	55,820	223,941

**Census 2000 Demographics**

Population by Gender		
Male	42,775	Female      43,830

**Population by Age Group**

Under age 5	5,644
Age 5 to 19	17,735
Age 20 to 34	18,734
Age 35 to 54	27,055
Age 55 to 64	7,395
Age 65 and over	10,042
Median Age	35.8 years

**Educational Attainment, population 25 years and over**

High school graduate or higher	86.6%
Bachelor's degree or higher	31.5%

**ANNUAL INCOME, 1999** (Census 2000)

Per capita income	\$25,209
Median 4-person family income	\$61,102
Median household income	\$51,969

**Median Earnings, full-time, year-round workers**

Male	\$43,893
Female	\$29,171

Families below the poverty level	5.0%
----------------------------------	------

**LABOR FORCE**

Annual Average	1993	2003
Civilian labor force	45,166	49,802
Employed	41,581	46,918
Unemployed	3,585	2,884
Unemployment rate	7.9%	5.8%

**EMPLOYMENT & WAGES**

	1993	2003
Goods Producing Industries		
Average Employment	12,227	11,398
Average Weekly Wage	\$809	\$1,274
Service Providing Industries		
Average Employment	28,402	35,345
Average Weekly Wage	\$439	\$683
Total Private Industry		
Average Employment	40,629	46,743
Average Weekly Wage	\$550	\$827
Government (Federal, State, and Local)		
Average Employment	3,311	4,659
Average Weekly Wage	\$712	\$922
Total, Private Industry plus Government		
Average Employment	43,940	51,402
Average Weekly Wage	\$562	\$836

n = indicates that data does not meet disclosure standards

**EDUCATION AND CHILD CARE**

Schools students attend: **Nashua operates grades K-12** District: **SAU 42**  
 Career Technology Center(s): **Nashua, Alvirne & Milford High Schools** Region: **16**

Educational Facilities	Elementary	Middle/Junior High	High School	Private/Parochial
Number of Schools	12	3	2	8
Grade Levels	P K 1-6	7-9	10-12	K-12
Total Enrollment	7,227	3,156	2,997	N/a

NH Licensed Child Care Facilities, 2003: Total Facilities: **62** Total Capacity: **4,051**

Nearest Community/Technical College: **Nashua**

Nearest Colleges or Universities: **Daniel Webster; Rivier; Thomas More**

LARGEST EMPLOYERS	PRODUCT/SERVICE	EMPLOYEES	ESTABLISHED
BAE Systems North America	Optics Manufacturing	1,000+	
Southern NH Medical Center	Health care	1,000+	
St. Joseph Hospital & Trauma Center	Health care	1,000+	
Teradyne Connection Systems Inc.	Connectors	1,000+	
City of Nashua	Municipal services	1,000+	
Compaq Computer Corp.	Computer software	500+/-	
Nashua Corporation	Label Papers/carbonless papers/ toner & developer	500+/-	
GL & V Pulp Group Inc.	Machinery Pulp Equipment	250+/-	
G N Netcom/Unex Inc.	Telephone Headsets and headset amplifiers	250+/-	

**TRANSPORTATION**

Road Access	Federal Routes	3
	State Routes	3A, 101A, 102, 130
Nearest Interstate, Exit	Everett Tpk., Exit 1-10	
Distance	Local access	
Railroad	Boston & Maine	
Public Transportation	Yes	
Nearest Airport	Nashua	
Runway	5,501 feet	
Lighted? Yes	Navigational Aids? Yes	
Nearest Commercial Airport	Manchester	
Distance	18 miles	
Driving distance to select cities:		
Manchester, NH	18 miles	
Portland, Maine	112 miles	
Boston, Mass.	45 miles	
New York City, NY	231 miles	
Montreal, Quebec	276 miles	

**COMMUTING TO WORK**

(Census 2000)

Workers 16 years and over	
Drove alone, car/truck/van%	83.5%
Carpooled, car/truck/van	9.2%
Public transportation	1.5%
Walked	2.5%
Other means	0.7%
Worked at home	2.7%
Mean Travel Time to Work	24.7 minutes
Percent of Working Residents:	
Working in community of residence	47%
Commuting to another NH community	26%
Commuting out-of-state	26%

**RECREATION, ATTRACTIONS, AND EVENTS**

X	Municipal Parks
X	YMCA/YWCA
X	Boys Club/Girls Club
X	Golf Courses
X	Swimming: Indoor Facility
X	Swimming: Outdoor Facility
X	Tennis Courts: Indoor Facility
X	Tennis Courts: Outdoor Facility
X	Ice Skating Rink: Indoor Facility
X	Bowling Facilities
	Museums
X	Cinemas
X	Performing Arts Facilities
X	Tourist Attractions
X	Youth Organizations (i.e., Scouts, 4-H)
X	Youth Sports: Baseball
X	Youth Sports: Soccer
X	Youth Sports: Football
X	Youth Sports: Basketball
X	Youth Sports: Hockey
	Campgrounds
X	Fishing/Hunting
X	Boating/Marinas
	Snowmobile Trails
X	Bicycle Trails
	Cross Country Skiing
	Beach or Waterfront Recreation Area
	Nearest Ski Area(s): <b>Pat's Peak</b>
	Other: <b>Indoor rock climbing</b>

**Appendix G**

**Letters of Commitment from Critical Partners**



Caring Community Network of the Twin Rivers

Working Together for Healthier Communities

841 Central Street, Franklin, NH 03235

Telephone (603) 934-0177

Fax (603) 934-2805

website [www.ccntr.org](http://www.ccntr.org)

May 19, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The Caring Community Network of the Twin Rivers is committed to working as a partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

The Caring Community Network of the Twin Rivers (CCNTR) began as a group of service providers getting together to discuss common problems in the Twin Rivers region, which encompasses twelve (12) rural townships in central NH. CCNTR was incorporated as a nonprofit agency in 1996. The mission of CCNTR is to serve the citizens of the Twin Rivers by working to address the problems that exist in the region and to develop plans to reduce the impact of these problems in our community. Some of the problems that exist in the region, which CCNTR is working to address, are:

- Access to health care; high risk behavior among youth;
- Under funded and fragmented system of public health service delivery;
- Need for health education and disease prevention; and
- Unmet basic needs (food, clothing, safe shelter, childcare and transportation) for many families.

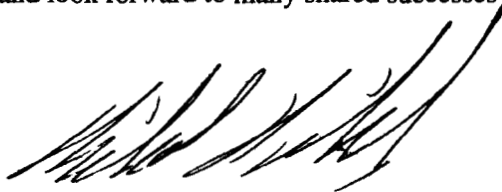
CCNTR is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Participation on the Local Lead Action Committee in Franklin,
- Assisting with outreach and intervention activities in Franklin.

- Membership in the statewide NHCLPPP Advisory board.
- Exploring other collaborative options with NH CLPPP that may surface as this initiative moves forward

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard D. Silverberg', written in a cursive style.

Richard D. Silverberg, LICSW  
Managing Director, CCNTR



# New Hampshire Housing

Bringing You Home

---

March 2, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
New Hampshire Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Michelle:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. New Hampshire Housing Finance Authority is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

In the fall of 1997, the New Hampshire Housing Finance Authority was awarded a Lead-Based Paint Hazard Control Grant from the US Department of Housing and Urban Development to operate a project that would produce 270 lead-safe units of privately owned housing throughout the state. Although it took until fall of 2002 to complete the grant-funded lead hazard control work, the project surpassed production goals by 55 units, roughly 20%. Throughout that project, New Hampshire's CLPPP was consistently an important partner and collaborator. The staff worked closely with us from the grant writing and planning stages through an implementation process prioritizing properties known to contain lead hazards, monitoring of abatement contractor regulatory compliance, and the coordination of outreach and education efforts. As the demand for HUD Lead-Based Paint Hazard Control Grant funds exceeds available funding by an estimated four times, the State of New Hampshire has been unsuccessful as a renewal applicant; however, we encouraged and assisted the City of Manchester in successfully applying for a grant of their own. Besides consulting with the City of Manchester as they carry out their lead grant, New Hampshire Housing remains involved in lead hazard control work by carrying out the requirements of 24 CFR 35 (a.k.a. the HUD Lead Regulation) in federally assisted housing rehabilitation work performed to develop or maintain affordable housing.

Although the lack of an active Lead-Based Paint Hazard Control Grant has reduced our contact with the New Hampshire CLPPP, we have made efforts to maintain the important relationship

New Hampshire Housing Finance Authority

32 Constitution Drive Bedford, NH 03110 Mailing Address: P.O. Box 5087 Manchester, NH 03108 (603) 472-8623 TDD: (603) 472-2089

Littleton Office: 41 Cottage Street P.O. Box 386 Littleton, NH 03561

[www.nhhfa.org](http://www.nhhfa.org)

that we have developed, and the connection between health and housing remains an excellent reason to keep in touch. I remain active on the New Hampshire CLPPP Advisory Board. Also, I have been involved in another housing-related health issue, asthma, in which I participate on the housing subcommittee of the Asthma Regional Council of New England and the environmental subcommittee of the New Hampshire Asthma Advisory Council. I plan to continue my involvement on the Advisory Board, providing consultation on housing issues, acting as a liaison with the affordable housing community, and exploring other collaborative possibilities with New Hampshire CLPPP.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, reading "Bill Guinther". The signature is written in a cursive, flowing style.

William R. Guinther  
Program Planning Analyst



CRAIG R. BENSON  
GOVERNOR

**STATE OF NEW HAMPSHIRE**

**OFFICE OF ENERGY AND PLANNING**

57 Regional Drive, Suite 3  
www.nh.gov/oep  
Concord, NH 03301-8519  
Telephone: (603) 271-2155  
Fax: (603) 271-2615



www.nh.gov/oep

March 8, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The Office of Energy and Planning (OEP) is committed to working as a critical partner with the Childhood Lead Poisoning Prevention Program (NH CLPPP) toward the elimination of childhood lead poisoning.

OEP is part of the Executive Department within the Office of the Governor. OEP is responsible for a number of state and federally funded programs related to smart growth, land use efficiency, protecting natural resources, energy efficiency, and community services: In particular, OEP manages the federally funded Fuel Assistance Program and Weatherization Program which provide energy assistance to low-income households throughout the state. In Program Year 2003, the Fuel Assistance Program received 7,786 eligible applications, which requested Weatherization services. Weatherization was able to provide energy efficiency measures and health and safety improvements to 461 homes. In Program Year 2004, Weatherization estimates serving 499 homes.

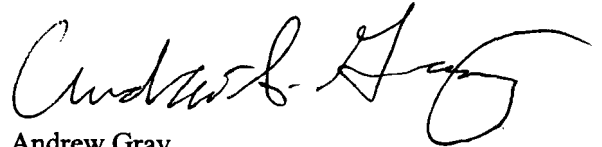
OEP is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by collaborating Weatherization with NH CLPPP as follows:

- Participate as a member of the statewide NHCLPPP Advisory board
- Explore other collaborative options with NH CLPPP
- Sustain and enhance housing initiatives by integrating healthy homes models, increasing funding sources, and enhancing collaboration
- Provide assistance for community based outreach, education and advocacy efforts
- Provide low income households with information identifying lead poisoning hazards and referrals for blood testing and follow-up
- Identify and refer pertinent households to the NH CLPPP program
- Provide Weatherization presentations at CLPPP meetings



Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with you.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Gray", with a stylized flourish at the end.

Andrew Gray  
Weatherization Program Manager



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF COMMUNITY & PUBLIC HEALTH**

**John Stephen**  
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4546 1-800-852-3310, Ext. 4546 TDD Access: 1-800-735-2964  
Fax 603-271-4779

**Mary Ann Cooney**  
Director

March 1, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The WIC Nutrition Program is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

The Bureau of Nutrition and Health Promotion within the Department of Health and Human Services, administers three federally-sponsored supplemental nutrition programs: the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Commodity Supplemental Food Program (CSFP), and the Farmers' Market Nutrition Program (FMNP). These programs are co-located in all but one county and are locally operated by community-based health and human service agencies under contract with the Department. WIC serves 16,865 women, infants and children each month, with CSFP serving an additional 1600 women and older children whose WIC eligibility has expired. FMNP is providing benefits to 12,650 WIC mothers and children each month, as well.

The WIC Nutrition Program continues to be committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Conducting a quarterly record match between the WIC Program client file and the Childhood Lead Poisoning Prevention Program (CLPPP) database to determine the number of WIC-enrolled children who have had lead screenings.
- Continuing to distribute the CLPPP referral cards to WIC participants with young children.
- Distributing educational and referral materials to WIC participants to educate them on the need for prevention and lead screening, including allowing the Lead Program an opportunity to write articles for WIC contract agency newsletters and to meet with WIC directors and nutritionists for a discussion on additional ways to support CLPPP objectives.

Letter to Michelle Dembiec  
March 1, 2004

- Continuing to send screening reminder postcards to the parents of WIC children at ages 12 and 24 months reminding them of the importance of obtaining a lead screening test and referring them to their health care provider or the CLPPP toll-free number. Materials & postage costs will be borne by CLPPP and post card address printing costs will be borne by WIC.
- The CLPPP will continue to be included in the PARTNERS electronic card health data and benefits delivery project. This would provide the ability for WIC and Head Start Program direct service providers to have access to lead screening information from the child's PARTNERS card and use this information to support their education and referral activities, particularly with children from high-risk areas.

Please do not hesitate to contact me if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them to prevent lead poisoning among young children in New Hampshire.

Sincerely,

A handwritten signature in black ink, reading "Robin Williamson McBrearty". The signature is fluid and cursive, with the first name "Robin" being the most prominent.

Robin Williamson McBrearty, MSW  
Chief  
Bureau of Nutrition and Health Promotion

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. Community Public Health Program responsible for the NH Public Health Network is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.


The New Hampshire Public Health Network was developed to expand local public health planning, communications and response at a local level. A critical element of New Hampshire's plan for responding to bioterrorism is to support development of an integrated local public health resource development with sufficient ability to engage in a broad community health improvement and protection activities including effective preparation and response to emergent public health threats. Some of the activities of the collaboratives include; collaborative community health assessments, emergency preparedness planning and training, access to care initiatives and health promotion and health education activities (e.g. substance abuse prevention; fitness events and trails projects). Developing strategic linkages with businesses, schools, hospitals, human service providers and faith communities to assess and plan for improvement of overall health status.

New Hampshire Public Health Network is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Assisting with existing programs to educate and empower residents, municipalities and businesses regarding health risks, health needs, and conduct local health promotion activities.
- Assisting with educating municipal officials on the advantages of public health.

Please do not hesitate to contact me. I am pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them.

Sincerely,

  
Kenneth A Dufault  
Community Public Health Coordinator



# State of New Hampshire

HOUSE OF REPRESENTATIVES

CONCORD

March 5, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

I write this letter in support of the activities conducted by the New Hampshire Statewide Childhood Lead Poisoning Advisory Committee to eliminate lead poisoning in children.

I am particularly impressed with the work of Ms. Betty Wendt, public health nurse and coordinator of the Lead Program at the Nashua Public Health Department. Her medical knowledge, clinical skills, and personal characteristics of genuine caring and integrity have developed and reinforced a trust among the Health Department, landlords, contractors, and the families with children served by this Committee.

In addition, Betty and myself wrote a grant and received funding from the EPA to conduct outreach activities to Hispanic families not fluent in English. Again, Ms. Wendt's expertise, kindness, and attention to detail resulted in the testing of children at risk for high blood lead levels and the education of parents to the hazards of lead paint poisoning.

I am interested in the strategic plan to eliminate childhood lead poisoning in NH by 2010. It is important to me because I represent a district where a majority of the homes were built prior to 1970.

Please feel free to contact me at 886-1652.

Sincerely,

*Representative Mary Gorman*

Representative Mary Gorman, Hillsborough 62  
44 ½ Amherst St  
Nashua, NH 03060



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF COMMUNITY & PUBLIC HEALTH**



**John A. Stephen**  
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4781 1-800-852-3345 Ext. 4501  
Fax: 603-271-4827 TDD Access: 1-800-735-2964

**Mary Ann Cooney**  
Director

April 9, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

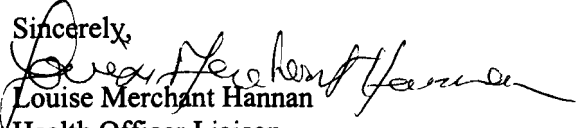
This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The New Hampshire Health Officer Liaison Program is committed to working in partnership with the Childhood Lead Poisoning Prevention Program (CLPPP) toward the elimination of childhood lead poisoning.

Childhood lead poisoning issues are critically integrated with the functions of the Health Officer Liaison Program. There are 233 appointed Health Officers in the state of New Hampshire who respond to a number of environmental public health concerns, such as lead paint in residential housing. The Health Officer Liaison Program is responsible for providing technical assistance and training to local health officers. In addition, the Health Officer Liaison responds to public health complaints from the general public.

The Health Officer Liaison Program is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 and supporting the efforts of the CLPPP by:

- Assisting with existing programs to educate and empower residents, municipalities and businesses regarding health risks, health needs, and conduct local health promotion activities.
- Assisting with educating municipal officials on the advantages of public health.

I am pleased to have this opportunity to work with the CLPPP and look forward to our many shared successes. Please do not hesitate to contact me for additional information.

Sincerely,  
  
Louise Merchant Hannan  
Health Officer Liaison



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Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. Lambert Building Supply Company is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

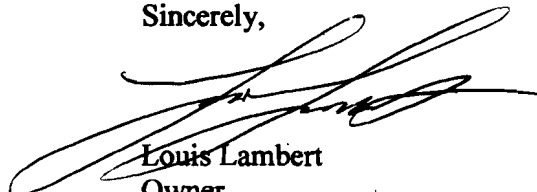
Lambert Building Supply is a retail store of building materials, tools, and supplies, serving contractors, and the community in the Claremont-Newport Area.

Lambert Building Supply Company is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Being a consultant for housing issues
- Promoting lead safe training courses
- Being a member of the Claremont-Newport Lead Action Committee
- Supporting/promoting model codes for adoption by local jurisdictions
- Supporting/promoting dust wipe testing after renovations and during apartment turnover
- Exploring other collaborative options with NH CLPPP

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them.

Sincerely,



Louis Lambert  
Owner  
Lambert Building Supply



## NEW HAMPSHIRE DIVISION OF HISTORICAL RESOURCES

State of New Hampshire, Department of Cultural Resources  
19 Pillsbury Street, P.O. Box 2043, Concord, NH 03302-2043  
TDD Access: Relay NH 1-800-735-2964  
<http://webster.state.nh.us/nhdhr>

603-271-3483  
603-271-3558  
FAX 603-271-3433  
[preservation@nhdhr.state.nh.us](mailto:preservation@nhdhr.state.nh.us)

March 29, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504  
FAX 603-271-3991

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The New Hampshire Division of Historical Resources / State Historic Preservation Office (NH DHR/SHPO) is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

The New Hampshire Division of Historical Resources is the State Historic Preservation Office for New Hampshire. The DHR/SHPO is responsible for managing both state and federal historic preservation programs in New Hampshire, including review of all federally funded, assisted, and licensed undertakings that may affect historical resources, pursuant to Section 106 and Section 110 of the National Historic Preservation Act of 1966, 16 U.S.C. 470.

The NH DHR and the Childhood Lead Poisoning Prevention Program enjoy a productive working relationship which has been nurtured by collaborative and collegial efforts over the course of many years. We are proud to be a strategic partner of the CLPPP, and together we are eagerly seeking new forms of mutual cooperation to eliminate lead poisoning in New Hampshire. The DHR/SHPO is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Participating as a member of the NH CLPPP Advisory Board.
- Promoting Lead Safe renovator training classes.
- In cooperation with the NH Preservation Alliance, using CLPPP staff as presenters for historic preservation technical assistance workshops and rehabilitation training programs.
- Encouraging the NH Preservation Alliance to invite the CLPPP to participate in the 2005 biennial statewide Old House and Barn Expo. Expo attendance includes private property owners, architects, builders, construction specialists, consultants, public officials, staff of housing and historic preservation agencies, and members of the public. The CLPPP booth and presentations at previous Expos have been extremely popular and well received.
- Using the CLPPP as its primary source of lead safety information and publications for technical assistance responses to the public and project sponsors, and for distribution at relevant public presentations and other venues.
- Seeking even more avenues for increased and expanded joint efforts by the CLPPP and the DHR to eliminate lead hazards, prevent lead poisoning, and preserve our heritage.
- Perhaps most important, the DHR and the CLPPP have high professional regard for each other's work, and are striving to establish a shared and complementary message that lead safety and historic preservation are good partners.

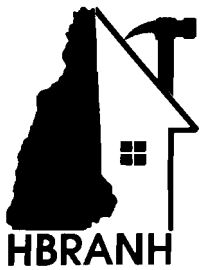
Please do contact us for more information on the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes.

Sincerely,

Linda Ray Wilson  
Deputy State Historic Preservation Officer

cc: James McConaha, DHR Director / NH SHPO  
Edna M. Feighner, Review & Compliance Coordinator





# Home Builders & Remodelers Association of New Hampshire

*"Building New Hampshire's Future"*

119 Airport Road • Concord, New Hampshire 03301

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**Sharon Wayman**  
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Administrative Assistant

**Denise Barous**  
Administrative Assistant

April 22, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The Home Builders and Remodelers Association of NH (HBRANH) is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

HBRANH is the largest trade organization in NH, with over one thousand members representing over 57,000 employees. The HBRANH is dedicated to the evolution and continued growth of the building industry, to provide affordable housing for all incomes levels, and to build a positive image for the building industry.

HBRANH is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Working with the NH CLPPP Statewide Advisory Board
- Being active with the Local Lead Action
- Being a Consultant(s) for building/renovation issues
- Being a liason for building trade professionals
- Promoting lead safe renovator trainings
- Supporting model codes for adoption by local jurisdictions
- As appropriate distribute educational materials to membership and hardware stores

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them

Sincerely,

Patti Allen  
NH Remodelors Council





**New Hampshire  
National Environmental Trust**

March 8, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The New Hampshire Chapter of the National Environmental Trust is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

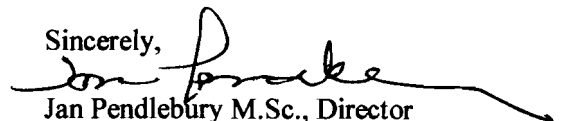
The National Environmental Trust [[www.environet.org](http://www.environet.org)] is a Washington, D.C. based environmental advocacy organization, addressing issues that protect public health, the environment and natural resources.

The National Environmental Trust is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Participation on the Local Lead Action Committee in Claremont, assisting with outreach to local media, community activists and decision makers
- Member of the statewide NHCLPPP Advisory board for five years
- Consultation for local and state citizen groups, as well as elected officials at the local, state and federal level
- Explore other collaborative options with NH CLPPP that may surface as this initiative moves forward
- Monitor other environmental exposure sources that could increase risk to children in high risk areas, especially from industrial sources

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them

Sincerely,

  
Jan Pendlebury M.Sc., Director  
28 S. Main Street, Ste. 3C  
Concord, N.H. 03301

**N.H.P.O.A.**  
**THE NEW HAMPSHIRE PROPERTY OWNERS ASSOCIATION**  
**P.O. Box 3181, Nashua, NH 03061**  
**603-889-8854**

March 11, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

The New Hampshire Property Owners Association (NHPOA) is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

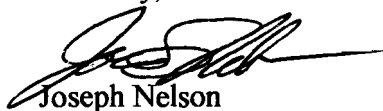
The NHPOA is a non-profit organization that has a goal of informing, educating and lobbying for, New Hampshire landlords. We have chapters throughout the state of New Hampshire that meet on a monthly basis and all members receive a monthly newsletter

NHPOA is committed to working toward the elimination of childhood lead poisoning and have taken the following proactive steps to help CLPPP to accomplish their goal:

- Conduct seminars in conjunction with CLPPP to inform landlords on ways to reduce lead hazards in their apartments.
- Print articles in our monthly newsletter, "News and Views", on lead issues.
- Stress the importance of the utilization of lead disclosure forms.
- Participate in Local Lead Action Committee.

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them

Sincerely,



Joseph Nelson  
President, Seacoast Chapter President



# Neighborhood Housing Services of Greater Nashua, Inc.

*"Dedicated to Building Quality, Affordable Housing and Strong Neighborhoods."*

May 11, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. **Neighborhood Housing Services of Greater Nashua, Inc.** is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

**Neighborhood Housing Services of Greater Nashua, Inc.** collaborates and partners with other public and private enterprises to develop and preserve affordable housing and promote the social welfare of persons in Nashua, NH and surrounding communities. We are here to assist low and moderate income families to achieve economic self-sufficiency and family stability through permanently affordable rental housing and homeownership. We help empower residents to become involved in the solution to their housing and neighborhood needs. We are also committed to helping to revitalize overcrowded, substandard and unsafe housing and promote neighborhood improvement and stability

**Neighborhood Housing Services of Greater Nashua, Inc.** is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Be a consultant for housing issues
- Promote lead safety information for property owners financing older housing
- Explore other collaborative options with NH CLPPP
- Build community capacity to increase lead-safe housing

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them.

Bridget Belton-Jette  
Executive Director



# Granite State Managers Association

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. Granite State Managers Association is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

The Granite State Manager's Association (G.S.M.A.) is a non-profit organization comprised of management companies committed to promoting professional asset management through the effective leadership of trained professionals. G.S.M.A's purpose is to sponsor and provide educational and training programs to its membership, affiliates and the public.

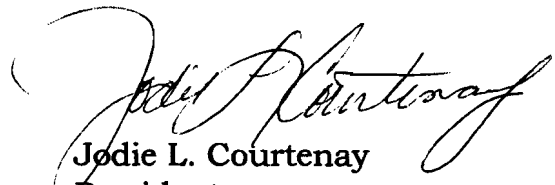
Granite State Managers Association is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Liaison to property managers
- support training programs regarding the Pre-Renovation rule
- Increase number of property owners who are in compliance with an Order of Lead Hazard Reduction
- Promote lead safe renovation and training programs

- Integrate lead safe practices into routine building maintenance.  
provide training to increase dust wipe testing and visual assessment  
after renovations and during apartment turnover support/promote dust  
wipe testing after renovations and during apartment turnover
- Distributing educational and referral materials property owners,  
management companies, residents, whom are in the need for  
prevention and lead screening.
- Recipical web site link on our web page in order to assist partners and  
associates the ability to access information to support their education  
and referral activities, especially with children from high-risk areas.

Please do not hesitate to contact us if we can provide further  
information on either the services we provide or any of these specific  
initiatives. We are pleased to have this opportunity to work with the CLPPP  
and look forward to many shared successes with them

Sincerely,



Jodie L. Courtenay  
President



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF HEALTH PLANNING & MEDICAID**

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4823 1-800-852-3345 Ext. 4823  
Fax: 603-271-4376 TDD Access: 1-800-735-2964

**John A. Stephen**  
Commissioner

**Janice C. Paterson**  
Acting Director

March 9, 2014

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The NH Office of Health Planning and Medicaid (OHPM) is committed to working as a collaborative partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

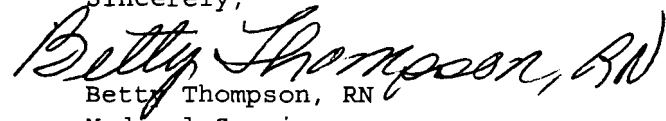
The Office of Health Planning and Medicaid administers the State's Medicaid program.

OHPM is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Providing the Childhood Lead Poisoning Prevention Program (CLPPP) with a Medicaid database to determine the number of Medicaid-enrolled children who have had lead screenings within a specified period of time.
- Continuing to distribute information to EPSDT-eligible families and to Medicaid-eligible pregnant women to educate them on the need for lead poisoning prevention and lead screening.
- Participating as a member of the Childhood Lead Poisoning Prevention Program Advisory Committee.
- Participating in meetings with members of the Childhood Lead Poisoning Prevention Program to discuss agendas related to Medicaid.
- The Lead Program will be given the opportunity to write articles for the NH Medicaid Bulletin as they relate to Medicaid billing and screening practices.

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them.

Sincerely,

A handwritten signature in black ink that reads "Betty Thompson, RN". The signature is written in a cursive style with a large, prominent "B" and "T".

Betty Thompson, RN

Medical Services

Consultant II

Health Management and

Care Coordination Unit





Center for Environmental  
Health Sciences at Dartmouth

*Dartmouth*  
**TOXIC METALS**  
*Research Program*

March 10, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

I am writing in support of New Hampshire's *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The Toxic Metals Research Program in Dartmouth's Center for Environmental Health Sciences is committed to working with the Childhood Lead Poisoning Prevention Program as a critical partner in eliminating this preventable childhood hazard. As the Outreach Director for the Center, I am welcome the opportunity to be a member of New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee.

The Center for Environmental Health Sciences at Dartmouth is an interdisciplinary research, education and outreach program exploring the relationship between the environment and human health. The Center's Toxic Metals Research Program (funded by the Superfund Basic Research Program) is investigating the way toxic metals affect ecosystems and human health. The Toxic Metals program includes more than 60 faculty scientists and physicians; postdoctoral, graduate and undergraduate students; and associated technical and support staff from Dartmouth College and Dartmouth Medical School in Hanover, New Hampshire. Our goal for outreach is making our expertise and research findings public, so that they can be applied to the control of hazardous exposures and the prevention of disease. We are also committed to encouraging community participation in environmental health research and education.

Our Toxic Metals Research Program is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- working to sustain and enhance housing initiatives that integrate healthy homes models;
- working to identify additional funding sources and enhance collaboration on healthy homes initiatives;

- providing technical assistance for community-based outreach, education and advocacy efforts;
- supporting comprehensive prevention campaigns;
- working to integrate new findings on lead-poisoning prevention and the effects on lead growth and development into curricula for health professionals and education students;
- researching and reporting on legislative initiatives that have proven effective in other states.

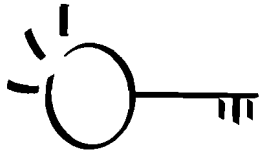
As opportunities arise, we will also explore other collaborative options with NH CLPPP.

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Serrell".

Nancy Serrell  
Associate Director for Outreach  
Center for Environmental Health Sciences at Dartmouth



## The Way Home

214 Spruce Street  
Manchester NH 03103  
Tel: (603) 627-3491  
Fax: (603) 644-7949

Providing keys to success  
in affordable housing

March 1, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The Way Home is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

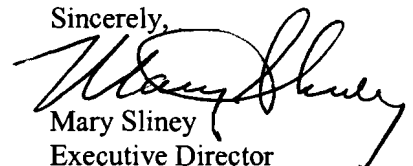
The Way Home, a community based organization working on access to safe affordable housing for low income families, has had an excellent working relationship with the NH Childhood Lead Poisoning Prevention Program. We offer outreach and education on protecting children from lead hazards, with a focus on deteriorating lead paint in the home, for both low income tenants and their property owners. We assist the NH CLPPP staff with the goal of screening and help with primary prevention. Our peer educators run a HEPA-Vac lending program for families that do not have the resources to control exposure to lead dust. Our supportive services help with translators and transportation to assist families take steps to prevent lead poisoning.

By working as a community partner in the NH CLPPP, we have been able to expand our outreach and train staff for lead hazard control interventions when a child is found to be at critical risk. Emilia Belouin, our program coordinator, is now a licensed lead abatement contractor. She works closely with the educators, and environmentalists assigned to NHCLPPP, and is often called upon to assist property owners with low cost strategies and to help parents take immediate action to protect their children.

Beginning in 2003 we were able to combine our Manchester area outreach, education, intervention with HUD funded Lead Hazard Control work. The highly competitive grant HUD Lead Hazard Control Grant, awarded to the City of Manchester, drew extensively on a comprehensive plan of action based on coordination with NH CLPPP. In 2004 with a special EPA grant we are beginning to extend our services to a second city, Franklin, NH, targeted by NHCLPPP for lead poisoning prevention, combined with low to moderate level interim lead hazard controls. We look forward to building on both of these efforts in 2005.

Please contact me if you need provide further information on our services.

Sincerely,



Mary Sliney  
Executive Director

NEW HAMPSHIRE LEGAL ASSISTANCE

Branch Law Office  
206 Moody Building • Tremont Square  
Claremont, NH 03743-2603

---

Tel: (603) 542-8795 • Fax: (603) 542-3826  
1-800-562-3994

March 4, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The Claremont Branch Law Office of New Hampshire Legal Assistance is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

The Claremont Branch Law Office of New Hampshire Legal Assistance provides free civil legal services to low income people whom live in Sullivan County, Cheshire County, and lower Grafton County. Some of our work includes representing tenants in housing cases, and representing disabled people, including children, in pursuit of state and federal disability programs. Through this work we come into direct contact with families and children facing the problem of lead poisoning.

The Claremont Branch Law Office of New Hampshire Legal Assistance has participated and will continue to participate in the Claremont/Newport area Local Lead Action Committee, and I am willing to offer my expertise in housing issues.

Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them

Sincerely,

A handwritten signature in black ink, appearing to be "B. Mortell", written over a horizontal line.

Bennett B. Mortell  
Staff Attorney



# CITY OF MANCHESTER

## Department of Health

1528 Elm Street  
Manchester, NH 03101-1350  
Telephone: (603) 624-6466  
FAX: (603) 628-6004  
[www.ci.manchester.nh.us](http://www.ci.manchester.nh.us)

**BOARD OF HEALTH**  
Attorney Robert Christy, Chair  
Nicholas Skaperdas, D.M.D., Clerk  
Sophia Antoniou, M.P.H.  
Richard Friedman, M.D.  
Jazmin Miranda-Smith, M.Ed.

Frederick A. Rusczek, M.P.H.  
Public Health Director

Richard DiPentima, R.N., M.P.H.  
Deputy Public Health Director

May 27, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301

Dear Ms. Dembiec:

This letter is written in full support of the New Hampshire Childhood Lead Poisoning Prevention Program (NH CLPPP). The Manchester Health Department is committed to continuing work as a key partner with the NH CLPPP to achieve the elimination of childhood lead poisoning.

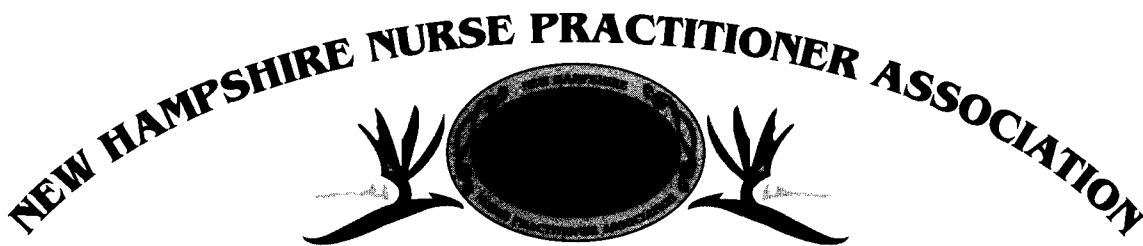
The Manchester Health Department has provided lead poisoning prevention case management since 1993 and has a long history of collaboration with the New Hampshire Department of Health and Human Services in promoting prevention efforts within the community. Our collaborative efforts include:

- The provision of case management services for children with elevated blood lead levels  $\geq 10$  ug/dl
- Lead screening for WIC-enrolled children and refugees
- Maintaining a local advisory group, the Greater Manchester Partners against Lead Poisoning, which disseminated a community action plan *Preventing Childhood Lead Poisoning in the City of Manchester, New Hampshire...Recommendations for the Community* in 2002
- The provision of educational strategies to promote an awareness of lead poisoning prevention among public and professional groups
- Plans for a high intensity targeted screening initiative in a high-risk center city neighborhood in 2004

Again, we extend our full support for the application being submitted. We are pleased to have the opportunity to partner with the NH CLPPP and look forward to continuing our work in actualizing healthier lives for children within the City of Manchester. Should you have any questions, please feel free to contact me or Susan Gagnon at 624-6466 Ext. 335. Thank you.

Sincerely,

Frederick A. Rusczek, MPH  
Public Health Director



March 9, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The New Hampshire Nurse Practitioner Association (NHNPA) is committed to working as a partner with the Childhood Lead Prevention Program toward the elimination of childhood lead poisoning.

The New Hampshire Nurse Practitioner Association is a statewide organization of nurse practitioners of all clinical specialties. Its mission is to foster communication, education, and networking to improve standards of care. NHNPA also participates in those political discussions which affect both patient care and advance practice nursing.

NHNPA is committed to participating in the effort to eliminate childhood lead poisoning in New Hampshire by 2010 by:

- \*Assigning a practicing member to the statewide Lead Poisoning Prevention Advisory Committee

- \*Communicating with all members, via email, standards for testing and initiatives for eliminating lead in the environment

- \*Supporting legislative initiatives to eliminate lead exposure

- \*Teaching patients and families about the dangers of lead exposure and steps they can take to prevent it.

Please do not hesitate to contact me if I can provide further information on any of these initiatives.

Sincerely,

  
Linda Mattlage ARNP  
Advisory Committee Member



## NEW HAMPSHIRE POISON INFORMATION CENTER

### DARTMOUTH-HITCHCOCK MEDICAL CENTER

*A service provided by DHMC, serving New Hampshire since 1957  
Member, American Association of Poison Control Centers*

One Medical Center Drive  
Lebanon, New Hampshire 03756  
Calls within NH: 1-800-222-1222  
Outside NH: 1-603-650-8000  
Administrative Calls: 603-650-6318  
FAX: 603-650-8986



March 2, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The New Hampshire Poison Information Center is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

The mission of the New Hampshire Poison Information Center (NHPIC) is to provide immediate access to high quality, comprehensive poison information for both the public and healthcare providers. This information is intended to foster prevention and appropriate management of poisonings toward the continued goal of reduced morbidity, mortality, and health care costs within New Hampshire. This mission and is consistent with preventing or treating lead poisoning within our state. NHPIC is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- Distributing educational and referral information about the prevention of lead poisoning in the same packet that distributes general information about poisonings and the national 800 phone stickers. Postage cost will be borne by NHPIC and printing costs by CLPPP.
- Referring callers to the CLPPP when questions about lead poisoning and lead abatement occur.

- Continue participation on the Local Lead Action Committees
- Continue to be a member of the statewide NHCLPPP Advisory board
- Provide toxicologist consultation for adult lead poisonings

Please do not hesitate to contact me if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them.

Sincerely,

A handwritten signature in black ink that reads "Lin Courtemanche RN, CSPI". The signature is written in a cursive, flowing style.

Lin Courtemanche RN, CSPI  
Managing Director  
New Hampshire Poison Information Center  
Dartmouth-Hitchcock Medical Center  
One Medical Center Drive  
Lebanon, NH 03756





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# City of Nashua

Health & Community Services Division  
18 Mulberry Street, Nashua, NH 03060

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March 2, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The Nashua, NH Division of Public Health and Community Services is committed to working as a critical partner, with the Childhood Lead Poisoning Prevention Program, toward the elimination of childhood lead poisoning.

The Nashua, NH Division of Public Health and Community Services is that essential component of city government promoting the preservation of the health and well-being of its citizenry. The Division is comprised of the Community Health, Environmental Health, Welfare, Child Care, and Mediation Departments. Within this Division structure the Community Health Department and the Environmental Health Department, specifically, strive to deliver critical services to those who come in contact with lead. As a result, the Department has been working in partnership with the NH Office of Community and Public Health to educate the community regarding the clinical aspects of exposure to and remediation of lead. Through its core functions of assessment, policy development, and assurance, the Community Health Department strives to stop the spread of disease through testing and screening activity, management of the Department-client relationship, and referral services for client treatment. Throughout this first year of service delivery, particular focus has been the education of the underserved population and to improve the screening rates for the non-English speaking, uninsured community.

The Nashua, NH Division of Public Health and Community Services is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by:

- ❖ Providing education for all Nashua Community Health Department Lead Program staff regarding recommended actions of NH DHHS on timely confirmatory testing of children with an elevated screening test of 10ug/dl or greater
- ❖ Educate Nashua area medical providers and their nursing staff regarding recommended actions of NH DHHS on timely confirmatory testing of children with an elevated 10ug/dl or greater
- ❖ Educate parents of children with an elevated screening test of 10ug/dl or greater
- ❖ Conduct ongoing phone communications with physicians regarding confirmatory testing
- ❖ Coordinate with NH Childhood Lead Poisoning Prevention Program regarding the timely follow up of children with confirmed elevated blood levels through database systems

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Division	Child Care	City	Environmental	Nashua	Public
Director	Services	Welfare	Health	Mediation	Health
589-4560	589-4540	589-4520	589-4530	589-4550	589-4500

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- ❖ Maintain ongoing communication with parents of children with elevated blood levels
- ❖ Provide home visiting services to families with children with elevated blood levels
- ❖ Continuing to evaluate and document the socio-economic factors that will hinder ongoing contact with an the education of the family regarding the dangers of elevated blood levels
- ❖ Conduct periodic and annual audits for the NH Childhood Lead Poisoning Prevention Program on randomly selected children with a confirmed blood lead level of 10ug/dl or greater
- ❖ Maintain written records of all children in Nashua with a confirmed blood lead level of 10ug/dl or greater through the use of an in-house database
- ❖ Plan home visits for children in Nashua with an EBLL equal or greater than 15

As the former State of Connecticut Director of the CLPPP, I remain committed to eliminating childhood lead poisoning in our state by 2010. Please do not hesitate to contact us if we can provide further information on either the services we provide or any of these specific initiatives. We are pleased to have this opportunity to work with the CLPPP and look forward to many shared successes with them

Sincerely,



Stefan Russakow, M.A., R.S.  
Division Director, PH&CS



John A. Stephen  
Commissioner

Mary Ann Cooney  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF COMMUNITY & PUBLIC HEALTH

29 HAZEN DRIVE, CONCORD, NH 03301-6504  
603-271-4536 1-800-852-3345 Ext. 4536  
Fax: 603-271-4519 TDD Access: 1-800-735-2964

March 2, 2004

Michelle Dembiec, Program Manager  
Childhood Lead Poisoning Prevention Program  
NH Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

Dear Ms. Dembiec:

This letter is written in support of the New Hampshire Statewide Childhood Lead Poisoning Prevention Advisory Committee and the *Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010*. The Bureau of Maternal and Child Health is committed to working as a critical partner with the Childhood Lead Poisoning Prevention Program (CLPPP) toward the elimination of childhood lead poisoning.

The Bureau of Maternal and Child Health (MCH), within the Department of Health and Human Services, collaborates with the Lead Program for several of its programs in a variety of ways to assure that the families who receive services from MCH-funded programs are educated on the risks of lead exposure, that their children are screened at ages one and two years of age, and that they receive appropriate follow up according to the CLPPP Guidelines.

The Bureau of Maternal and Child Health is committed to working toward the elimination of childhood lead poisoning in New Hampshire by 2010 by also partnering with the CLPPP in the following ways:

- The MCH Injury Prevention Program contracts with the Injury Prevention Center at Dartmouth (IPC) and requires the IPC to collaborate with the New Hampshire Poison Center to implement poisoning prevention awareness programs throughout New Hampshire. Material from the CLPPP is included in the poisoning prevention displays that are available for loan during community health fairs, home shows and similar venues.
- Through the MCH Home Visiting Program, staff of the 19 contract agencies have received training from the CLPPP on educating the low income pregnant women and parents of infants in their programs on environmental risks for lead poisoning and assisting mothers in complying with recommended lead screening for their children.

Ms. Dembiec  
March 2, 2004  
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- The MCH Healthy Child Care New Hampshire Project Nurse Coordinator shares information and resources on lead screening and lead risks from the CLPPP both directly to child care providers and to her state-wide network of child care health consultants.
- As part of MCH's comprehensive Quality Assurance Agency Clinical Site Visits, medical records are audited for age appropriate lead screening and adherence to the CLPPP guidelines for follow up of abnormal screening results. Feedback is provided to the CLPPP on agencies seriously out of compliance. Follow up monitoring and tracking of age-appropriate children not screened and of abnormal screening results is also assessed at the site visit during the administrative/interview component.
- The 10 community health centers and five categorical child health direct care agencies that receive funding from MCH to serve low income, uninsured, or underinsured children are required in their contract scope of services to adhere to the screening and follow up recommended by the CLPPP. With each new contract cycle, the CLPPP is consulted on revisions or updates for contract wording.
- MCH requires its 15 contract agencies that serve children (see bullet above) to report annually on performance measures and workplan activities pertaining to the lead screening of its one and two year olds. Results of the performance measures are shared with the CLPPP.
- At semi-annual meetings of the MCH contract agencies' Prenatal and Child Health Program Coordinators, sponsored by MCH, the CLPPP staff present updates on information, resources, research, and statistics of interest to these agencies who provide direct care services to low income pregnant women and children.
- The MCH Child Health Nurse Consultant is a member of the CLPPP Medical Consultants Group and the CLPPP Advisory Committee and provides input to the CLPPP projects where appropriate.

Please do not hesitate to contact me (603-271-4536) for further information on either the services we provide or any of these specific initiatives. We are committed to continuing our collaboration with the CLPPP and look forward to many shared successes with them as we all work toward the elimination of childhood lead poisoning in New Hampshire by 2010.

Sincerely,

A handwritten signature in black ink that reads "Lisa Bujno / AGK". The signature is written in a cursive, flowing style.

Lisa Bujno, MSN, ARNP  
Bureau Chief  
Bureau of Maternal and Child Health

**Appendix H**

**Workplan for July 2004 through June 2005**

## Workplan for July 2004 through June 2005

Reference for Staff Abbreviations Used in This Section

NCM	Nurse Case Managers
ELS	Environmental Lead Specialists
DCC	Data Control Clerk
DSM	Data/Surveillance Manager
HPA	Health Promotion Advisors
PM	Program Manager
PHL	Public Health Laboratories
AA	Administrative Assistant
MHD	Manchester Health Department
CHS	Child Health Services
NHD	Nashua Health Department

**Primary Prevention Goal** - Prevent lead exposure in young children.

**Objective 1.1-** Continue to distribute and annually evaluate *The Strategic Plan for the Elimination of Childhood Lead Poisoning in New Hampshire by 2010* (Elimination Plan).

Tasks	Start Date	End Date	Staff
Continue to distribute the Elimination Plan to stakeholders.	7/1/04	on-going	AA
Annually evaluate progress using the Logic Model.	7/1/04	on-going	PM
Revise and provide revisions to stakeholders annually.	4/1/05	6/30/05	PM, HPA
<b>Evaluation Plan for Objective:</b> Document evaluation, revisions, and distribution.			

**Objective 1.2** - Maintain Statewide Lead Advisory Committee and Local Lead Action Committees in high-risk areas.

Tasks	Start Date	End Date	Staff
Continue to meet with the Statewide Advisory Committee at least twice per year.	7/1/04	on-going	PM
Meet with the Local Lead Action Committees at least quarterly.	7/1/04	on-going	HPA, ELS, NCM
Ensure two-way communication between the Statewide Advisory Committee and the Local Lead Action Committees.	7/1/04	on-going	PM
<b>Evaluation Plan for Objective:</b> Document meetings with meeting agendas and minutes. Document communication between committees.			

## *Eliminating Childhood Lead Poisoning in New Hampshire*

**Objective 1.3** – Collaborate with critical partners (Home Visiting New Hampshire, Head Start, The Way Home, NH Minority Health Coalition and Local Lead Action Committees) to provide intensive lead poisoning prevention education to at least 350 pregnant women and/or families with young children in high-risk areas through home visits and outreach.

Tasks	Start Date	End Date	Staff
Provide train-the-trainer session for critical partners on lead poisoning prevention curriculum.	7/1/04	6/30/05	ELS, NCM, HPA
Provide on-going technical assistance, support, materials and resources to critical partners.	7/1/04	on-going	ELS, NCM, HPA
Track screening rates and blood lead levels of children of home visiting enrollees at 12 and 24 months of age.	7/1/04	on-going	DSM, DCC
<b>Evaluation Plan for Objective:</b> Document prevention education for pregnant women and families with young children in the high-risk areas provided by critical partners. Surveillance of screening and blood lead levels.			

**Objective 1.4** - Continue to provide lead poisoning prevention education to families of WIC children.

Tasks	Start Date	End Date	Staff
Ensure lead poisoning prevention materials are distributed to 100% of families with WIC vouchers.	7/1/04	6/30/05	HPA
Continue to provide ongoing education to WIC staff.	7/1/04	6/30/05	HPA
Explore additional methods for collaboration and materials distribution.	7/1/04	6/30/05	HPA, PM, NCM
<b>Evaluation Plan for Objective:</b> Document number of educational materials sent to WIC clinics. Document training of WIC staff. Document meetings with WIC to explore collaboration.			

**Objective 1.5** - Continue to provide lead poisoning prevention education to Medicaid families.

Tasks	Start Date	End Date	Staff
Ensure prenatal lead education brochure is distributed in 100% of Medicaid enrollment packets for pregnant women.	7/1/04	6/30/05	HPA
Ensure lead referral card is distributed to 100% of Medicaid families with young children.	7/1/04	6/30/05	HPA
Explore additional methods for collaboration and materials distribution.	7/1/04	6/30/05	HPA, PM
<b>Evaluation Plan for Objective:</b> Document number of prenatal lead education brochures sent to Medicaid enrollees. Document number of referral cards sent to Medicaid enrollees. Document meetings with Medicaid to explore collaboration.			

## *Eliminating Childhood Lead Poisoning in New Hampshire*

**Objective 1.6** - Continue collaboration with New Hampshire Poison Information Center to distribute lead poisoning prevention education materials to 100% of pamphlet requests.

Tasks	Start Date	End Date	Staff
Ensure lead education insert is distributed in Poison Information Center pamphlet.	7/1/04	6/30/05	HPA
<b>Evaluation Plan for Objective:</b> Document number of lead education inserts distributed by Poison Information Center.			

**Objective 1.7** – Pilot a comprehensive education campaign in one high-risk area utilizing best practices in health promotion, behavior change methodology, health literacy and social marketing.

Tasks	Start Date	End Date	Staff
Collaborate with the Center for Environmental Health Sciences at Dartmouth Medical School and the Greater Manchester Partners Against Lead Poisoning to create a comprehensive lead poisoning prevention campaign.	7/1/04	6/30/05	PM, HPA
Pilot and evaluate the campaign in Manchester.	7/1/04	6/30/05	PM, HPA
Make plans for using the campaign in other high-risk areas.	7/1/04	6/30/05	PM, HPA
<b>Evaluation Plan for Objective:</b> Plan development and implementation will be documented through meeting notes. The logic model will be used to evaluate the campaign in order to determine successful outcomes, next steps and detail best practice methods for other high-risk areas. Document plans for campaign in other high-risk areas.			

**Objective 1.8** - Continue to build community capacity to mainstream lead-safe work practices through training at least 175 members of strategic partner groups in lead safety.

Tasks	Start Date	End Date	Staff
Provide a six-hour HUD approved Lead Safe Renovator course in each of the high-risk areas.	11/1/04	4/1/05	HPA, ELS
Provide a Property Owner workshop in each of the high-risk areas. Integrate other healthy homes topics.	4/1/05	6/30/05	HPA, ELS
Continue to explore collaboration and training needs of: Community Action Program Agencies, childcare providers, building trades program, code enforcement officers, private home inspectors and insurance agencies.	7/1/04	6/30/05	HPA, ELS, NCM
<b>Evaluation Plan for Objective:</b> Document number of trainings and number of participants trained. Document meetings and contacts with strategic partner groups.			



## *Eliminating Childhood Lead Poisoning in New Hampshire*

**Objective 1.9** - Provide New Hampshire Housing Finance Authority (NHHFA) with 100% of address information identifying housing units where children with blood levels of  $\geq 20$   $\mu\text{g/dL}$  on a single test or 15-19  $\mu\text{g/dL}$  on two tests taken at least 3 months apart reside.

Tasks	Start Date	End Date	Staff
Revise MOU with New Hampshire Housing Finance Authority.	7/1/04	7/31/04	PM
Provide monthly reports to NHHFA.	7/1/04	6/30/05	ELS, PM
<b>Evaluation Plan for Objective:</b> Document the number of units identified by CLPPP and transmitted to NHHFA. Submit report to NH Housing Financing Authority.			

**Objective 1.10** - Work to increase availability and maintenance of lead safe housing in high-risk areas.

Tasks	Start Date	End Date	Staff
Continue to provide list of all Manchester outstanding Orders to the Manchester's Lead Hazard Control Program, to give the properties priority status for abatement.	7/1/04	6/30/05	ELS
Provide technical assistance to The Way Home.	7/1/04	6/30/05	ELS
Develop draft model safe housing codes for adoption by local jurisdictions.	1/1/05	6/30/05	ELS, HPA, PM
Research model lead safe housing registries.	1/1/05	6/30/05	ELS, HPA, PM
<b>Evaluation Plan for Objective:</b> Analyze data extracted from the LEAD database to determine the number of units that have complied with the Order. Document the technical assistance provided to groups. Draft submitted to CDC. Model safe housing registries compiled and evaluated for use in local jurisdictions.			

**Objective 1.11** - Promote compliance to 75% of property owners with an active Order of Lead Hazard Reduction (Order).

Tasks	Start Date	End Date	Staff
Inform property owners and building occupants of the legal responsibilities regarding Order.	7/1/04	6/30/05	ELS
Contact property owners with overdue Orders requesting status of compliance.	7/1/04	6/30/05	ELS
Notice of Administrative Fines will be issued when a property owner fails to comply.	7/1/04	6/30/05	ELS, PM
Refer cases of long-term non-compliance to the Attorney Generals Office.	7/1/04	6/30/05	ELS, PM
<b>Evaluation Plan for Objective:</b> Analyze LEAD database to determine status of properties under Order and verified to be in compliance. Track number of property owner's contacted regarding compliance status.			

**Secondary Prevention Goal** – Increase screening for children at highest risk for lead poisoning.

**Objective 2.1** - Collaborate with other programs within the Office of Community and Public Health (OCPH) to ensure that 100% of contractors under the authority of the OCPH are testing all 1 & 2 yr olds.

Tasks	Start Date	End Date	Staff
Ensure that all contracts for Title V Child Health and Primary Care services are meeting their stated performance measures that require they report to OCPH annually; and if not, that they include a plan to improve performance.	7/1/04	6/30/05	PM
<b>Evaluation Plan for Objective:</b> Successful accomplishment of this objective will be demonstrated by the OCPH reporting effective screening rates.			

**Objective 2.2** - Maintain communication with health care providers to keep them informed of any further revisions to the Guidelines, and to provide consultation, support and feedback. Based on individual needs, services will be provided to 100% of providers requesting a service.

Tasks	Start Date	End Date	Staff
Provide presentations regarding the Guidelines to 100% of health care provider groups in the designated high-risk areas.	7/1/04	6/30/05	NCM, HPA, DSM
Provide consultation to 100% of health care providers requesting clarification of the Guidelines for their specific recommendation areas.	7/1/04	6/30/05	NCM, HPA
Document calls from health care providers using the existing phone log database, to help identify gaps in the communication of Guidelines.	7/1/04	6/30/05	NCM, HPA
Continue to publish and distribute quarterly newsletter <i>LeadLine</i> to educate and communicate the screening recommendations and prevention efforts to health care providers.	7/1/04	6/30/05	HPA
Annually review and revise the Guidelines as necessary with input from the Statewide Advisory Committee and Medical Consultants.	7/1/04	6/30/05	NCM, HPA
<b>Evaluation Plan for Objective:</b> Successful accomplishment of this objective will be demonstrated by the continued distribution of the screening recommendations to health care providers in the state. Process indicators include: the number of presentations provided; the number of Guidelines distributed; number of additional resource materials distributed to physician offices; phone logs documenting the number of calls resulting in technical assistance being provided about the Guidelines. Document distribution of <i>LeadLine</i> .			

*Eliminating Childhood Lead Poisoning in New Hampshire*

**Objective 2.3** - Ensure access to screening of one- and two- year olds in high-risk areas.

Tasks	Start Date	End Date	Staff
Provide screening of uninsured children at Manchester Health Departments, the Manchester WIC Clinic and refugee resettlement agencies.	7/1/04	6/30/05	MHD
Perform blood lead analysis for uninsured children.	7/1/04	6/30/04	PHL
Refer families with no access to health care to Child Health and Primary Care Centers, and Child Health Insurance Program.	7/1/04	6/30/05	NCM
<b>Evaluation Plan for Objective:</b> Document number of children tested at the Manchester Health Department, Manchester WIC clinic and at the refugee resettlement agencies, as well as the number of referrals provided to families with no access to health care.			

**Objective 2.4** - Identify and report to providers those children enrolled in Medicaid who are due for screening.

Tasks	Start Date	End Date	Staff
Cross-match Medicaid enrollment records with the lead test database to identify screening status of Medicaid children.	7/1/04	6/30/05	DSM, DCC
Provide Medicaid screening ratio quarterly to OCPH finance office and secure payment from Medicaid for cost allocation.	9/30/04	6/30/05	DSM, PM
Provide Medicaid screening history to providers.	9/30/04	6/30/05	DSM, HPA
<b>Evaluation Plan for Objective:</b> Record Medicaid screening rates. Analyze and report on lead levels among Medicaid children. Document changes in elevations and screening rates among Medicaid children.			

**Objective 2.5** - Continue to promote screening to one- and two-year old WIC enrollees.

Tasks	Start Date	End Date	Staff
Continue the mailing of the reminder postcard, developed during FY 00, to 100% of caretakers of WIC children at 12- and 24-months, to encourage screening and provide referrals.	7/1/04	6/30/05	HPA
Cross-match WIC children and lead screening data monthly and provide to New England Partners project.	7/1/04	6/30/05	DSM
Evaluate screening and EBLs of WIC children.	7/1/04	6/30/05	DSM
Evaluate impact of New England Partners pilot project on screening rates for WIC children upon its completion.	7/1/04	6/30/05	DSM
<b>Evaluation Plan for Objective:</b> Document number of reminder postcards mailed to caregivers. Record WIC screening rates. Analyze and report on lead levels among WIC children. Document changes in elevations and screening rates among WIC children.			

## *Eliminating Childhood Lead Poisoning in New Hampshire*

**Objective 2.6** - Increase the screening rate in high-risk communities among children age one by 3% and children age two by 5%. Analyze risk factors and redefine them if necessary.

Tasks	Start Date	End Date	Staff
Analyze data to determine screening rates for CY 2003 & 2004.	9/1/04	6/30/05	DSM
Provide information to health care providers.	1/1/04	6/30/05	NCM, HPA, PM
Increase health care provider compliance with federal and state mandates for screening Medicaid children at 12- and 24-months.	7/1/04	on-going	PM, NCM, HPA
<b>Evaluation Plan for Objective:</b> Screening rates for CY 2003 & 2004. Document reporting.			

**Objective 2.7** - Assure that at least 90% of children with capillary BLL  $\geq 15$   $\mu\text{g/dL}$  (pending cases) will have timely confirmatory testing done.

Tasks	Start Date	End Date	Staff
Continue contract with MHD, CHS and NHD to provide case management services.	7/1/04	6/30/05	PM
Assign each pending case to a primary case manager.	7/1/04	6/30/05	NCM
Contact health care provider to advise confirmatory testing within recommended timeframes specified in the Guidelines.	7/1/04	6/30/05	NCM
Analyze data to determine timeliness of confirmatory testing.	7/1/04	6/30/05	DSM
Address the delayed confirmatory testing.	7/1/04	6/30/05	PM, NCM
<b>Evaluation Plan for Objective:</b> Percentage of children with capillary BLL $\geq 15$ $\mu\text{g/dL}$ who had confirmatory testing done within the timeframes and percentage with delayed confirmatory testing performed within 6 months of recommended timeframes.			

**Objective 2.8** - Assure that at least 80% of active cases (cases identified with venous BLL  $\geq 10$   $\mu\text{g/dL}$ ) will have follow-up blood lead tests within the timeframes in the Guidelines.

Tasks	Start Date	End Date	Staff
For each new case, contact health care provider to advise appropriate follow-up.	7/1/04	6/30/05	NCM
Generate weekly STELLAR reports of cases due for follow-up.	7/1/04	6/30/05	DCC
Contact health care provider if child is overdue for follow-up.	7/1/04	6/30/05	NCM
Work with health care providers with poor rates of timely follow-up testing.	7/1/04	6/30/05	NCM, PM
<b>Evaluation Plan for Objective:</b> Percent of children with confirmed BLL $\geq 10$ $\mu\text{g/dL}$ who had follow-up testing done within recommended timeframes and percent that had delayed follow-up testing performed, but were late by less than 50% of recommended timeframe.			

## *Eliminating Childhood Lead Poisoning in New Hampshire*

**Objective 2.9** - Provide lead hazard risk reduction education to 100% of caregivers/guardians of children newly identified with a venous BLL  $\geq 10$   $\mu\text{g/dL}$ .

Tasks	Start Date	End Date	Staff
Contact health care providers to gather missing required reporting data for all children newly identified with venous BLL $\geq 10$ $\mu\text{g/dL}$ .	7/1/04	6/30/05	DCC, NCM
Send letter and educational packet to caregivers of each child newly identified with venous BLL $\geq 10$ $\mu\text{g/dL}$ .	7/1/04	6/30/05	AA, NCM
Provide phone consultation to all caregivers who call CLPPP for guidance and/or information.	7/1/04	6/30/05	NCM, ELS
Provide technical assistance and consultation to health care providers.	7/1/04	6/30/05	NCM
Contact by telephone caregivers of children newly identified with venous BLL $\geq 10$ $\mu\text{g/dL}$ for counseling re: lead hazard risk reduction.	7/1/04	6/30/05	NCM
<b>Evaluation Plan for Objective:</b> Document letters and information sent to caregivers/guardians of all newly identified children with venous BLL greater than 10 $\mu\text{g/dL}$ . Document number of phone contacts with caregivers/guardians and health care providers. Review, provide feedback and submit quarterly reports from Manchester Health Department, Nashua Health Department, and Child Health Services.			

**Objective 2.10** - Improve caregivers' knowledge and adoption of preventive behaviors in 50% of families with children with EBLs of  $\geq 20$   $\mu\text{g/dL}$ .

Tasks	Start Date	End Date	Staff
Conduct initial environmental questionnaire among 100% of caregivers of children with an EBL of $\geq 20$ $\mu\text{g/dL}$ to assess knowledge of key concepts and practice of preventive behaviors.	7/1/04	6/30/05	ELS, NCM
Conduct three-month follow-up assessment among 50% of caregivers of children with an EBL to assess knowledge of key concepts and practice of preventive behaviors.	7/1/04	6/30/05	NCM
Provide educational counseling and materials for lead poisoning prevention at initial visit and follow-up contact.	7/1/04	6/30/05	HPA, ELS, NCM
<b>Evaluation Plan for Objective:</b> Assess feedback from caregivers, ELS and NCM. Assess changes in caregivers' knowledge and behavior by comparing results of baseline and follow-up questionnaire. Track improves in educational counseling and materials.			

## *Eliminating Childhood Lead Poisoning in New Hampshire*

**Objective 2.11** - Conduct environmental investigations to identify potential sources of lead exposure for at least 75% of children identified with venous blood lead levels  $\geq 20$   $\mu\text{g/dL}$  or persistent venous blood lead levels of 15 - 19  $\mu\text{g/dL}$ . At least 75% of completed inspections will be done within the time frames specified in CLPPP environmental protocols.

Task	Start Date	End Date	Staff
Make referrals for environmental investigations of children identified with a confirmed BLL $\geq 20$ $\mu\text{g/dL}$ or with persistent BLL 15 - 19 $\mu\text{g/dL}$ .	7/1/04	6/30/05	NCM
Administer questionnaire to caregivers/guardians to identify potential sources of lead exposure.	7/1/04	6/30/05	ELS, NCM
As allowed by law, conduct environmental inspections to identify lead paint hazards in the homes of children with confirmed BLL $\geq 20$ $\mu\text{g/dL}$ or persistent BLL between 15 - 19 $\mu\text{g/dL}$ .	7/1/04	6/30/05	ELS
As allowed by law, conduct environmental inspection and collect dust samples to identify lead paint hazards in other properties a child (with confirmed BLL $\geq 20$ $\mu\text{g/dL}$ ) frequents.	7/1/04	6/30/05	ELS
As needed, collect soil and water samples to identify possible sources of the child's lead exposure.	7/1/04	6/30/05	ELS
On all home visits, determine if renovations have occurred.	7/1/04	6/30/05	ELS, NCM
<b>Evaluation Plan for Objective:</b> Analyze data from LEAD database to determine the number of new cases and the number of initial investigations conducted. Identify the number dust wipe tests analyzed. Identify number of tests on soil and water samples. Determine the timeliness of inspections conducted.			

**Surveillance Goal** – Maintain the integrity of surveillance data.

**Objective 3.1** - Evaluate and improve surveillance data quality and completeness.

Tasks	Start Date	End Date	Staff
Monitor data quality & completeness for blood lead test data received from laboratories.	7/1/04	7/30/05	DSM, DCC
Work with labs and providers to ensure proper compliance to laboratory reporting requirements.	7/1/04	6/30/05	DSM, DCC, PM, PHL
<b>Evaluation Plan for Objective:</b> Document results of quality/completeness investigations. Documented activities related to improvements in quality/completeness.			

## *Eliminating Childhood Lead Poisoning in New Hampshire*

**Objective 3.2** - Submit 100% of reports to CDC Surveillance Database as scheduled by CDC.

Tasks	Start Date	End Date	Staff
Submit to CDC surveillance program.	7/1/04	6/30/05	DSM
Receive feedback on problem records & correct as necessary.	7/1/04	6/30/05	DSM, DCC
<b>Evaluation Plan for Objective:</b> Document successful submission of surveillance extract to CDC for each year of data within the timeframe requested to CDC.			

**Objective 3.3** - Migrate from use of the STELLAR surveillance software to Lead Trax (from Welligent) for all surveillance record keeping, reporting and analysis.

Tasks	Start Date	End Date	Staff
Install and test Lead Trax software. Migrate legacy data to the new system. Set up reports and analysis.	9/1/04	10/30/04	DSM
Train CLPPP staff to use Lead Trax, set up procedures at reporting labs to upload lead test results to Lead Trax.	10/31/04	11/30/04	DSM, DCC
Use production Lead Trax system for regular surveillance activities.	1/1/05	6/30/05	DSM, DCC
<b>Evaluation Plan for Objective:</b> Track completion of tasks along project timeline. Document any barriers to completion of project, adjusting tasks and completion dates if necessary.			